

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16671

State File No.

FILED APR 29 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1022

1. PLACE OF DEATH
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ballwin

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2179

d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Nursing

d. STREET ADDRESS (If rural, give location) 3838 Shenandoah

3. NAME OF DECEASED (Type or Print)
a. (First) Clyde b. (Middle) _____ c. (Last) Simpson

4. DATE OF DEATH (Month) (Day) (Year)
APRIL 9, 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3

8. DATE OF BIRTH Jan 26 1900

9. AGE (In years last birthday) 53 IF UNDER 1 YEAR Months _____ IF UNDER 1 YEAR Days _____ IF UNDER 1 MIN. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Construction

11. BIRTHPLACE (State or foreign country) Eldorado Ill

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ben Simpson

13b. MOTHER'S MAIDEN NAME Rose Wiggons

14. NAME OF HUSBAND OR WIFE Effie Harden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 430-10-4902

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ernest Simpson 3838 Shenandoah

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC MYOCARDITIS
INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROSIS
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. NONE

20. AUTOPSY? YES NO

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____ 4221

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from FEB. 15, 1953, to APRIL 9, 1953, that I last saw the deceased alive on APRIL 8, 1953, and that death occurred at 5:27 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) B. R. Loving M.D.

23b. ADDRESS BALLWIN, MO.

23c. DATE SIGNED 4-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Apr 9 53

24c. NAME OF CEMETERY OR CREMATORY City

24d. LOCATION (City, town, or county) (State) Jonesboro Ark.

DATE REC'D BY LOCAL REG. 4-9-53

REGISTRAR'S SIGNATURE Herbert R. Danks M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schnur 3125 Lafayette

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4000
4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Joseph Ballner

Signed
Student Embalmer

Licensed Embalmer No. *4914*

P. O. Address *3125 Lafayette*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.