

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23157**  
**5547**

FILED JUN 26 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>  c. LENGTH OF STAY (In this place) <b>2 wks.</b>  d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hosp.</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City 4376</b>  d. STREET ADDRESS (If rural, give location) <b>7457 Washington 1</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) <b>WILLIAM H. SIMPKINS</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>June 3, 1953</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Sept. 15, 1891</b>
<b>9. AGE</b> (In years last birthday) <b>61</b>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Tailor</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Retail store</b>
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>USSR</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	
<b>13a. FATHER'S NAME</b> <b>Albert I. Simpkins</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Gussie Unk.</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>Lena</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
<b>16. SOCIAL SECURITY NO.</b> <b>Unk.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. I. Simpkins</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>19. MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>See attend records - you.</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b> <b>4201</b>		<b>22. I hereby certify that I attended the deceased from _____, 1946, to _____, 1953, that I last saw the deceased alive on _____, 1953, and that death occurred at _____ a.m., from the causes and on the date stated above.</b>	
<b>23a. SIGNATURE</b> <b>Lawrence M. Kottner M.D.</b>		<b>23b. ADDRESS</b> <b>4409 W. Main</b>	
<b>23c. DATE SIGNED</b> <b>6/3/53</b>		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	
<b>24b. DATE</b> <b>6/5/53</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Chesed Shel Meth Cem.</b>	
<b>24d. LOCATION (City, town, or county) (State)</b> <b>University City Mo</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Berger Memorial</b>	
<b>25. ADDRESS</b> <b>4715 McPherson</b>		<b>DATE REC'D BY LOCAL REG.</b> <b>JUN 3 1953</b>	
<b>REGISTRAR'S SIGNATURE</b> <b>Carl Smith M.D.</b>		<b>26. LICENSED EMBALMER'S SIGNATURE</b> <b>mdb</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—HAVE A PENCIL READY

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*James J. Anderson*  
Licensed Embalmer No. 4829

P. O. Address \_\_\_\_\_

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

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