

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32208

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 8074
1. PLACE OF DEATH a. COUNTY		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) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		
c. LENGTH OF STAY (Inable place) 10 days		d. STREET ADDRESS (If rural, give location) 3614 Shenandoah Ave.		
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital		17		
3. NAME OF DECEASED (Type or Print) a. (First) Lillian b. (Middle) M. c. (Last) SIMPSON		4. DATE OF DEATH SEPT. 1 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 2, 1903	9. AGE (In years just birthday) 51 if UNDER 1 YEAR Months Days if UNDER 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Breithaupt		13b. MOTHER'S MAIDEN NAME Lillian Doepke		14. NAME OF HUSBAND OR WIFE Frank Simpson
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Frank Simpson - 3614 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarct INTERVAL BETWEEN ONSET AND DEATH 1 day ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocardial insufficiency 2 weeks DUE TO (c) uterine fibromyomata 1 yr. 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr. Pelvic inflammatory disease last year		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION uterine fibromyomata, Lipoma of L. Thigh		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) 214 X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 25 Aug 1954 to Sept 1, 1954, that I last saw the deceased alive on 25 Aug 1954, and that death occurred at 6:55 A.M., from the causes and on the date stated above.				
23a. SIGNATURE Henry E. Rosenberg M.D.		23b. ADDRESS 1467 Union Bl.		23c. DATE SIGNED Sept 11-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Sept. 4, 1954		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery, St. Louis Co., Missouri
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Carl Smith & Wacker - Felderle - 3634 Gravois Ave.		

(Licensed Embalmer's Statement on Reverse Side)

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

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 Robert C. White

Licensed Embalmer No. 2128

P. O. Address Paris, Ind

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.