S. No. 300
. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36201

BIRTH NO. FILED NOV 16 1956 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9595

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

1. PLACE OF DEATH
a. COUNTY 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lutheran Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jefferson
c. CITY OR TOWN Herculaneum
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) Main St 0500 1

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

4. DATE OF DEATH (Month) (Day) (Year) Oct. 18, 1956

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Feb. 16, 1890
9. AGE (In years last birthday) 66/8/22 — 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) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) St. Francis County, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Bradley
13b. MOTHER'S MAIDEN NAME Mary Marler
14. NAME OF HUSBAND OR WIFE Harry T. Simpson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Orville Simpson, Herculaneum, Mo. ADDRESS

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) Left ventricular failure — 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) Hypertension — 4-5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary edema — 6 hrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 443X
20. AUTOPSY? YES ☐ NO ☒

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) m.
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* 2/21, 1950, *to* 10/18, 1956, *that I last saw the deceased alive on* 10/18, 1956, *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Dr E Dunn (Degree or title) MD
23b. ADDRESS Herculaneum, Mo
23c. DATE SIGNED 10/18/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10/20/56
24c. NAME OF CEMETERY OR CREMATORY City
24d. LOCATION (City, town, or county) (State) Herculaneum, Mo.

DATE REC'D BY LOCAL REG. OCT 22 1956
REGISTRAR'S SIGNATURE Earl Smith MD MJB
25. FUNERAL DIRECTOR'S SIGNATURE Vinyard Funeral Home Inc
ADDRESS Festus Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed H H Wingard

Licensed Embalmer No. 3010

P. O. Address Festus M

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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