

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046829

STATE FILE NUMBER

FILED DEC 22 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3287

300
-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis - Ellisville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Richmond Heights 4495 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sunset Sanitarium		Length of stay in lb 6 mos.	d. STREET ADDRESS (If outside, give location) 7707 W. Rankin Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CATHRYN Middle HAZEL Last SIMPSON			4. DATE OF DEATH Month Dec. Day 13 Year 1958		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-10-1882		9. AGE (In years last birthday) 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R. Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Nevada		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James Thompsn		13b. MOTHER'S MAIDEN NAME Unknown Haller		14. NAME OF HUSBAND OR WIFE Clyde W. Simpson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> or unknown <input type="checkbox"/> or no <input checked="" type="checkbox"/>) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Clyde W. Simpson, Address above		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 7 mos?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) unknown	
	DUE TO (c) unknown 4200	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Richmond, Mo	COUNTY St. Louis	STATE Mo.
21. I attended the deceased from 10:30 p.m. to 12-13-58 and last saw her alive on 12-13-58 Death occurred at 10:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE J. H. James (Degree or title)		22b. ADDRESS Richmond, Mo		22c. DATE SIGNED 12-11-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-16-58	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
24. FUNERAL DIRECTOR JAY B. SMITH, Maplewood, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 12-16-58 REGISTRAR'S SIGNATURE Herbert R. Klomke, Mo.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

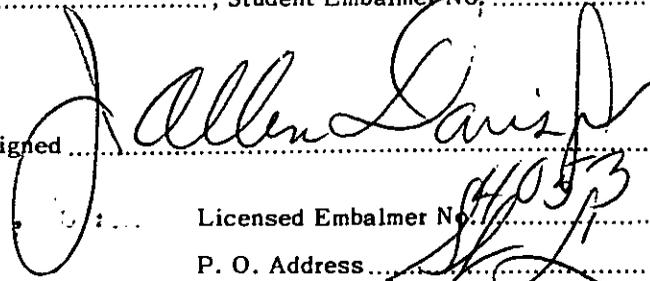
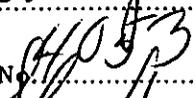
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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
Signature of Student Embalmer

Signed 
Licensed Embalmer No. 
P. O. Address 

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.