

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH				59-033737	
FILED VS SEP 16 1959				STATE FILE NUMBER	
Registration District No.		Primary Registration District No.		Registrar's 2 8095	
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, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Length of stay in 1b Life		c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1825 No. 25th St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) GEORGE ALEXANDER DE-WITT also known as ALVIN A. SIMPKINS			4. DATE OF DEATH Month AUG. Day 29, Year 1959		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/26/1900	9. AGE (last birthday) 59 years	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DRIVER		10b. KIND OF BUSINESS OR INDUSTRY DIRECT MAIL ADV.CO.		11. BIRTHPLACE (City and state or country) ST. LOUIS MISSOURI	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME OLIVER SIMPKINS		13b. MOTHER'S MAIDEN NAME JOHANNA KUNTZ	
14. NAME OF HUSBAND OR WIFE ELSIE DE WITT		15. WAS DECEASED EVER IN U.S. ARMED FORCES? NO		16. SOCIAL SECURITY NO. 495-16-0051	
17. INFORMANT MRS. ELSIE DE WITT		Address 1829 No. 25 th		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho genic R lung Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 162.1 DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. Epid Ca floor of month (L.) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 a.m. p.m. Month, Day, Year		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 ST. LOUIS		COUNTY ST. LOUIS		STATE MISSOURI	
21. I attended the deceased from 8/20/59 to AUG. 29, 1959 and last saw her him alive on AUG. 29, 1959 Death occurred at 10:10 PM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Samuel W. Haulsp M.D.		22b. ADDRESS 1515 LAFAYETTE	
22c. DATE SIGNED SEP 1 1959		23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE Sept 2, 1959	
23c. NAME OF CEMETERY OR CREMATORY ZION CEMETERY		23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MISSOURI		24. FUNERAL DIRECTOR BEIDERWIEDEN F.H. INC., 1936 ST. LOUIS AVE	
25. DATE RECD. BY LOCAL REG. SEP 1 1959		26. REGISTRAR'S SIGNATURE Carl Smith M.D.		27. (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 embalmed by me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No.

4522

P. O. Address

St. Louis

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.