

**DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS DEC 14 1960

**-60-044211**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11574** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>Pagedale</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Lukes Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>1290 Pennsylvania Ave.,</b>	

3. NAME OF DECEASED (Type or print) First **ROBERT** Middle **K.** Last **SIMPSON** 4. DATE OF DEATH Month **Nov.** Day **30th,** Year **1960**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **7-9-1917** 9. AGE (last birthday) **43**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Ass't. Traffic Manager** 10b. KIND OF BUSINESS OR INDUSTRY **Lever Bros. Co.** 11. BIRTHPLACE (City and state or country) **Oklahoma** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Neal Simpson** 13b. MOTHER'S MAIDEN NAME **Katherine (Unknown)** 14. NAME OF HUSBAND OR WIFE **Louise Simpson**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes World War # 2** 16. SOCIAL SECURITY NO. **446-09-2828** 17. INFORMANT Address **Louise Simpson, 1290 Pennsylvania Ave.,**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **MYOCARDIAL INFARCTION** INTERVAL BETWEEN ONSET AND DEATH **3 hours**

CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. DUE TO (b) **ARTERIOSCLEROTIC HEART DISEASE** **UNKNOWN**

DUE TO (c) **420-0**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Terminal Aspiration of Gastric Contents** PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **11/30/60** to **11/30/60** and last saw her/him alive on **11/30/60** Death occurred at **10:50** **P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **John A. Headrick, M.D.** 22b. ADDRESS **5535 Delmar** 22c. DATE SIGNED **12/1/60**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **12-3-60** 23c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis County, Missouri**

24. FUNERAL DIRECTOR ADDRESS **CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, St. Louis, 15, Missouri.** 25. DATE RECD. BY LOCAL REG. **DEC 2 1960** 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Ralph E. Linders

Licensed Embalmer No. 4275

P. O. Address A. Lewis

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.