

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023103
STATE FILE NUMBER

AMENDED **318** Primary Registration District No. **1003** Registrar's No. **5603**
 Registered District No. **23165**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Lutheran Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5725 Finkman Ave.	
3. NAME OF DECEASED (Type or print) First LOUISE Middle W. Last SIMPKINS			4. DATE OF DEATH Month June Day 14 Year 1961		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-18-1872	9. AGE (last birthday) 88	IF UNDER 1 YEAR Months Days
					IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Watertown, Wisconsin	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Joseph Willman		13b. MOTHER'S MAIDEN NAME Catherine Wollensack		14. NAME OF HUSBAND OR WIFE Late Dr. Arthur B. Simpkins	
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. None	17. INFORMANT Address Mrs. Eudora M. Gallop 5725 Finkman Ave.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) ARTERIO SCLEROTIC HEART DISEASE					YEARS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) GENERALIZED ARTERIO SCLEROSIS					YEARS
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) PARALYSIS AGITANS				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	COUNTY	STATE
21. I attended the deceased from 11/9/61 to 6/14/61 and last saw her/him alive on 6/14/61 Death occurred at 4:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) George A. Norman M.D.			22b. ADDRESS 6500 CHIPPESWA		22c. DATE SIGNED 6/15/61
23a. BURIAL-CREMATATION, REMOVAL (Specify) Removal(Rail)	23b. DATE June 16, 1961	23c. NAME OF CEMETERY OR CREMATORY Abingdon Cemetery		23d. LOCATION (City, town, or county) (State) Abingdon, Ill.	
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway Blvd.			25. DATE RECD. BY LOCAL REG. JUN 15 1961	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.	

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
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 P. W. Storerand

Licensed Embalmer No. 4007
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.