

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025773  
STATE FILE NUMBER

AMENDED  
Registration District No. 160 Primary Registration District No. 159 Registrar's No. 95

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joachim township</b>		Length of stay in 1b		c. CITY OR TOWN <b>NORMANDY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>JEFFERSON MEMORIAL HOSP</b>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>8210 AUDRAIN DRIVE</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>FRANK EARL SIMPSON</b>				4. DATE OF DEATH Month Day Year <b>JULY 30 1961</b>			
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>4-20-07</b>	
9. AGE (last birthday) <b>54</b>		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) <b>DIRECTOR IND. RELATIONS GENERAL MOTORS</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>ST. LOUIS, MO.</b>		11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>	
12. CITIZEN OF WHAT COUNTRY				13a. FATHER'S NAME <b>AUSTIN SIMPSON</b>			
13b. MOTHER'S MAIDEN NAME <b>MARY E. WHITE</b>				14. NAME OF HUSBAND OR WIFE <b>MARIE M. SIMPSON</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>				16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>MRS. M. SIMPSON 8210 AUDRAIN DRIVE</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b> DUE TO (b) <b>Coronary heart disease</b> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						NORMANDY MO. INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 PERFORMED 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 <u>July 27, 61</u> to <u>July 29, 61</u> and last saw her alive on <u>July 27, 61</u> Death occurred at <u>10:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>[Signature]</i>				22b. ADDRESS <i>[Address]</i>		22c. DATE SIGNED <u>7/29/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>8-2-61</b>		23c. NAME OF CEMETERY OR CREMATORY <b>CALVARY</b>		23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MO.</b>	
24. FUNERAL DIRECTOR <b>KRIEGSHAUSER WEST</b>				ADDRESS <b>9450 OLIVE BLVD.</b>		25. DATE RECD. BY LOCAL REG. <b>7-31-61</b>	
				26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

AUG 8 1961

AUG 14 1961

### 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 Dale A. Strummond

Licensed Embalmer No. 4533

P. O. Address St. Louis, Mo.

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.