MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

9047

File No. 2780

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No., 6819 Minnesota St., Ward)

Registration District No. 791 1003

Primary Registration District No.

2. FULL NAME Sallie Simpson.

(a) Residence. No. 6819 Minn. St., Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mal.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 9 1872

7. AGE: Years 56 | Months 10 | Days 19 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

PARENTS

10. NAME OF FATHER: John Simpson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ingl.

12. MAIDEN NAME OF MOTHER: Lisa Looyd.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ind.

14. INFORMANT: [illegible]
(Address) 3406 E. Grand.

15. FILED Mar 2 1929, 19 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 28 1929

17. I HEREBY CERTIFY, That I attended deceased from February 22, 1929, to February 28, 1929, that I last saw h. alive on February 26, 1929, and that death occurred, on the date stated above, at 11:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cirrhosis of liver non Alcoholic

Chronic Peritonitis due to (duration) 3 yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
Cirrhosis of Liver (duration) yrs. mos. 20 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Hypertrophy of liver
(Signed) R. Richard Graeser, M. D
, 19 (Address) 701 Century Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Sunset Burial | DATE OF BURIAL Mar. 19

20. UNDERTAKER: Central Ind. Co | ADDRESS 3401 84

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Dr. Richard Fraser
701 Century Bldg.
Cherbourt 7363.