

MAY 7 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County .....

Registration District No. ....

Township .....

Primary Registration District No. ....

City St. Louis, Mo. (No. ....)791  
1003  
City Hospital No. 2

File No. ....

14110

Registered No. ....

3606

St. .... Ward) .....

2. FULL NAME Homer Simpson(a) Residence, No. 2312 Walnut St., 12 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Negro5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)Single5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov. 12, 1899

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1  
day, ..... hrs.  
or ..... min.37419

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Laborer, common9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year) .....11. Total time (years)  
spent in this  
occupation .....12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Tenn.

13. NAME

Henry Simpson14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Tenn.

15. MAIDEN NAME

Martha Jackson16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Tenn.17. INFORMANT  
(ADDRESS)Ruby Perdeau  
2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Father's sick room DATE 4/6th 193719. UNDERTAKER  
(ADDRESS)B. H. Houston, Jr.  
2812. 11th St.

20. APR 3 1937

19

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 19 3722. I HEREBY CERTIFY, That I attended deceased from  
Mar. 28, 19 37, to April 1, 19 37I last saw him alive on April 1, 19 37. Death is said  
to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Heart DiseaseDate of onset  
3-28-37

Other contributory causes of importance:

None

Name of operation .....

Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? .....

Date of injury .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. I. Lewis, M. D.(Address) 2945 Lawton Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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