

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.

1938 OCT 12 1938

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

30566
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis, Missouri (d) Street No.....
(e) Length of residence in city or town where death occurred 4 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

791
1008

Registered No. 8003

2. PRINT FULL NAME

(a) Residence, No. 14187 Enright St. 11
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

Frances Sims

570

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
16 2 23

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as 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) Holly Springs Mississippi

FATHER
13. NAME Ed Simpson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holly Springs Mississippi

MOTHER
15. MAIDEN NAME Beatrice Morgan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holly Springs Mississippi

17. INFORMANT (ADDRESS) W. G. Morgan

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington D.C. DATE Sept. 16, 1938

19. FUNERAL DIRECTOR (ADDRESS) Charles J. Bates 410 1/2 S. Market St. St. Louis

20. FILED SEP - 9 1938 J. F. Predeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8, 1938

22. I HEREBY CERTIFY that I attended deceased from October 8, 1937 to September 8, 1938. I last saw her alive on September 8, 1938. Death is said to have occurred on the date stated above, at 6:55 p.m.
The principal cause of death and related causes of importance were as follows:

Pul. Tuberculosis
otitis media Tuberculosis
Intestinal Tuberculosis

Date of onset

Other contributory causes of importance: Pleural Effusion T.B.

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....
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) Geo. S. Bevilacqua, M.D.
(Address).....

STATEMENT BY LICENSED EMBALMER

I, James A. Johnson, Licensed Embalmer No. 3522

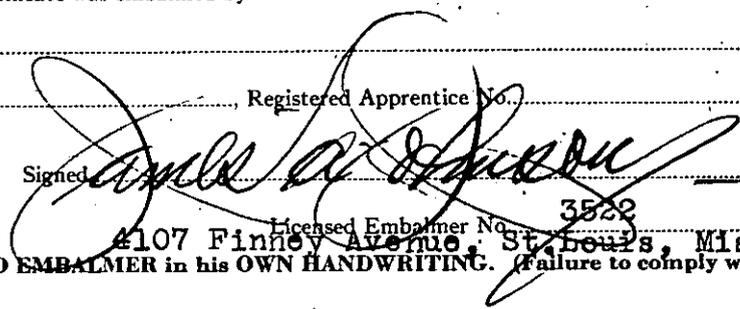
hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed



Licensed Embalmer No. 3522

4107 Finney Avenue, 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.)