

REC'D OCT 12 1938

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

30930

Do not use this space.

## 1. PLACE OF DEATH

(a) County St Louis Mo 3 Registration District No. 791  
 (b) Township St Louis Mo 1 Primary Registration District No. 1003 Registered No. 8367  
 (c) City St Louis Mo (d) Street No. Enroute to City Hospital #1 St. (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 3955 1/2 Easton St. 11 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 5-1888</u>		
7. AGE YEARS <u>50</u>	MONTHS <u>2</u>	DAYS <u>18</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Sailor</u>		If LESS than 1 day, hrs. or min.
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) <u>St Louis Mo</u>		
13. NAME <u>Geo T. Simpson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cinn Ohio</u>		
15. MAIDEN NAME <u>Anna Smith</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>		
17. INFORMANT (ADDRESS) <u>Mrs Mammie Becklow 3955 1/2 Easton av.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Laurel Hill</u> DATE <u>9-26-38</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Mullen Bros 4259 Lindell</u>		
20. FILER (ADDRESS) <u>J. T. Breder Local Registrar</u>		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-23-38, 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 1:00 P.M.

The principal cause of death and related causes of importance were as follows:  
Blinding Her Patient self administered at his home 3955 1/2 Easton W. Sept 23 1938 about 6:00 P.M.

Other contributory causes of importance:  
164

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide Accident Date of injury 9/23, 1938  
 Where did injury occur? St Louis Mo  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury See Above

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? Y  
 If so, specify \_\_\_\_\_  
 (Signed) Alfred G. Perry  
 (Address) Deputy Coroner

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.

SEP 25 1938

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

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

L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*Thomas K. Fenwick*

Licensed Embalmer No.

*3793*

**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.)**

*Thomas Mo*