

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

REC'D JUN 12 1939

791
1008

17052
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis, Mo. Registration District No. 2
 (b) Township 1 Primary Registration District No. 1008
 (c) City St. Louis, Mo. (d) Street No. 1297 Amherst Pl. St. 5
 (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.

Registered No. **4586**

2. PRINT FULL NAME Carrie E. Simpson

(a) Residence, No. 1297 Amherst Pl. St. 5
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 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 wife of Sammie Simpson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 9 2 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 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) Missouri

FATHER 13. NAME James English

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Morrie Blakey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Sammie Simpson
 (ADDRESS) 127 Amherst Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Warsaw Mo. DATE May 19/39.

19. FUNERAL DIRECTOR J. W. Clark
 (ADDRESS) 1125 Hodiamont Ave.

20. FILE NO. MAY 19 1939 J. F. [Signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18/39. 1939

22. HEREBY CERTIFY, That I attended deceased from May 17, 1939, to May 18, 1939.
 I last saw her alive on May 17, 1939. Death is said to have occurred on the date stated above, at 4:45p.
 The principal cause of death and related causes of importance were as follows:

colaptilic no stones

Other contributory causes of importance:

127

Name of operation colaptilic Date of 12-27
 What test confirmed diagnosis colaptilic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 1939
 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 colaptilic
 (Signed) [Signature] M. D.
 (Address) 1174 Greenwood Ave.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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*Dr. W. C. White
1194 Woodlawn Dr. N.W.
D.C. 8725
7310 Carnegie Pa. 3967.*

STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark, Licensed Embalmer No. I66I

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 Jos. W. Clark

Licensed Embalmer No. I66I

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.)