

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1938 JUL 12 1938 **791**

Registration District No. **1003** Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Homer Phillips**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Since June 22, 1938**
(Specify whether _____)
In this community _____
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2231 Franklin**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME

Robert Simpson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **M**

5. Color or race **C**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **May 13, 1938**
(Month) (Day) (Year)

8. AGE: Years **1** Months **1** Days **30** If less than one day _____ hr. _____ min.

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **nil**

11. Industry or business _____

MOTHER FATHER { 12. Name **Russell Kelly**

13. Birthplace **unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Evelyn Simpson**

15. Birthplace **Arkansas**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Evelyn Simpson**

(b) Address **2601 N Whittier**

17. (a) **Washington Park** (b) Date thereof **June 28, 39**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director **Atkins Bros**

(b) Address **3644 Finney Ave**

19. (a) **JUN 28 1938** (b) **J. B. Blodiek**
(Date of death) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **23**
year **1939** hour **4** minute **40 p. M.**

21. I hereby certify that I attended the deceased from **June 22, 1939**
to **June 23, 1939**
that I last saw him alive on **June 23, 1939**
and that death occurred on the date and hour stated above.

Immediate cause of death **Epilepsy**
Duration **app. 3 days**

Due to **unknown**

Due to _____

Other conditions **Branchopneumonitis**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **See cause of death**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

28. Signature **Miss B. Smith** (M. D. or other) _____

Address **2601 N Whittier** Date signed **6/26/39**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Louis V. Atkins

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Louis V. Atkins

Licensed Embalmer No.....

2842

P. O. Address.....

3644 Finley ave

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.)

If this body is not embalmed, above space should be left blank.