S. No. 2
—11-10-39
v. 5-17-39
I X21492

FILED JUN 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17012

Registrar's No. 4490

Registration District No. 791 Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 17 years 5 m

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. 3722 N. Market St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINTS FULL NAME LA VERNE SIMPSON (ALSO KNOWN AS) VARONE

3. (b) If veteran, name war No

3. (c) Social Security No. 492-10-2281

4. Sex Female

5. Color or race White

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 June (Month) 10 (Day) 1922 (Year)

8. AGE: Years 17 Months 11 Days 9 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation Filler

11. Industry or business Young-Mueller Pic Co

FATHER
12. Name Fred Simpson
13. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Carrie Miller
15. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

16. (a) Informant Joseph Varone (stepfather)
(b) Address 3722 N. Market St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22-40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Hy. Feldner & Co.
(b) Address 2223 St. Louis Ave

19. (a) MAY 20 1940 (Date received in registrar's office) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th year 1940 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from May 8th 1940, 19, to May 19th 1940; that I last saw her alive on May 19th 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Chronic Int.	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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

23. Signature [illegible] (M. D., or other)
Address 4988 Rucker Blvd. Signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

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

working under my personal supervision.

Signed John P. Buckholz

Licensed Embalmer No. 1874

P. O. Address 3323 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.)

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