

No. 2
4-13-40
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FILED JAN 24 1942 791

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 9651

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 City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 hours.
(Specify whether Life)

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. 604 Barry St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Carlo Morice Simpson.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 3
year 1941 hour 4 minute 15 P. M.

3. (b) If veteran, name war None 3. (c) Social Security No. None

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

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

Immediate cause of death Broncho Pneumonia
Primary

7. Birth date of deceased Feb. 19, 1941
(Month) (Day) (Year)

Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>X</u>	<u>9</u>	<u>14</u>	hr. _____ min.

Due to _____

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

Other conditions 107
(Include pregnancy within 3 months of death)

10. Usual occupation Nihil

Major findings: Of operations _____

11. Industry or business _____

12. Name Clarence Morice Simpson.

13. Birthplace Sikeston, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Angeline Vivona.

15. Birthplace Benton, Ills.
(City, town, or county) (State or foreign country)

Of autopsy 108

16. (a) Informant Clarence Morice Simpson

(b) Address 604 Barry St.

17. (a) Burial (b) Date thereof Dec. 6, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of informant Clarence Morice Simpson

(b) Address 1431 Union Blvd.

19. (a) DEC 5 1941 (b) J. F. Buehler
(Burial and local register) (Registrar's signature)

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) Manner of injury

23. Signature Alfred Perry (M. D. or other) _____

Address Regent Hotel Date signed 12/5/41

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

00
13
9
4

000
17
23
9
0

MOTHER FATHER

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

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.....

Licensed Embalmer No. *3080*

P. O. Address.....

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, fact should be so stated above.