

Registration District No. 91

Primary Registration District No. 1000

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
(c) City or town East St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 555 Gray Blvd.
(If rural, give location)
(e) Citizen of foreign country? No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31
year 1941 hour 9 minute P. M.
21. I hereby certify that I attended the deceased from 12-12
1941 to 12-31 1941
that I last saw him alive on 12-31 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Hydronephrosis & pyelonephritis
Due to no calculus

Other conditions Bronchopneumonia
cardiovascular accident

Major findings:
Of operations Bowyer
Of autopsy Bowyer

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

3. (a) PRINT FULL NAME Mr. George J. Simpson

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

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

6. (b) Name of husband or wife Charlotte A. 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased June 5 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 5 26 hr. min.

9. Birthplace Cannellsville, Pa.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Ry. Engineer

11. Industry or business Illinois Central R.R.

12. Name Robertson Simpson

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

14. Maiden name Elizabeth Stephenson

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

16. (a) Informant J. Menestronia

(b) Address East St. Louis, Ill.

17. (a) Removal (b) Date thereof Jan. 1, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis, Ill.

18. (a) Signature of funeral director [Signature]

(b) Address East St. Louis, Ill.

19. (a) REC-31-1941 (b) J. J. Biedock
(Date) (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) Means of injury 0

23. Signature David Hale Kerr (M. D. or other) MD
Address Barnes Hospital Date signed 12-31-41

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

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.....
C. H. Kurris

Licensed Embalmer No. 3162

P. O. Address East St. Louis, Ill

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.