

Registration District No. 1842 791

Primary Registration District No. 1003

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17  
9

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

1. PLACE OF DEATH:

(a) County St. Louis,  
(b) City or town St. Louis,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Home for the Aged, 3400 S Grand  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 Yrs. 5 Mo.  
4 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph Simpkins,

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male  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 March 21, 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 1 23 hr. min.

9. Birthplace St. Louis, 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Musician,

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name William Simpkins,

13. Birthplace Dont Know, 9  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Moore,

15. Birthplace Dont Know, 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Sister, Laurence,

(b) Address 3400 So. Grand Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16, 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Hebert C. Buz Mortuary  
(b) Address 2842 Meramec St.

19. (a) MAY 15 1942 (b) J. J. Bredet  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 16 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3400 So. Grand Blvd. 9  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14  
year 1942 hour 9: minute 00 A.M.

21. I hereby certify that I attended the deceased from April 12 to May 14, 1942  
that I last saw him alive on May 12, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion with Myocardial Infarct  
Due to Arterio-sclerosis  
Other conditions (Include pregnancy within 3 months of death) Arterio-sclerosis  
Major findings: Arterio-sclerosis  
Of operations \_\_\_\_\_  
Of autopsy 174

Duration

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? \_\_\_\_\_

While at work? 0 (Specify type of place) (a) Means of injury 0  
Signature J. J. Bredet (M. D. or other) 0  
Address 1111 1/2 Date signed 5/15/42

**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..... Me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed: Loroi E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.

**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.**