

FILED JUL 27 1942
Registration District No. 784

Primary Registration District No. 104

Registrar's No. 1537

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

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Ferguson
(If outside city or town limit, write "RURAL.")
(d) Street No. 46 Oliver Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

8. (a) PRINT FULL NAME Carrie Simpson

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Walter H. Simpson 6. (c) Age of husband or wife if alive 88 years

7. Birth date of deceased July 18 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Belfast New York
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housekeeping

12. Name Wm. Elsworth

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

14. Maiden name Sobbia Burlingame

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

16. (a) Informant Mrs. T. L. Coppinger

(b) Address 46 Oliver, Ferguson, Mo.

17. (a) Burial (b) Date thereof 7/18/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director White Funeral Home

(b) Address Ferguson, Missouri.

19. (a) JUL 17 1942 (b) E. J. McQuinn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1942 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from 4-24-30 to 7-16-42, 1942
that I last saw her alive on 7-16-42, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Angina pectoris Duration 3 mo.

Due to _____
Due to Cerebral thrombosis 10 mo

Other conditions Arterio Sclerosis 15 years
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none
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? ✓ (Specify type of place) (e) Means of injury _____

23. Signature Dr. Roy Johnson (M. D. or other) _____

Address Ferguson, Mo Date signed 7/17/42

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.....

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

Signed.....

Licensed Embalmer No.....

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, above space should be left blank.