S. No. 2
M—5-42
. 5-17-39
I X32873

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

32437

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 8977

Registrar's No.

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:
Christian Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days (Specify whether
In this community Life Time
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12

(c) City or town St. Louis 9 10
(If outside city or town limits, write "RURAL")

(d) Street No. 4440A Farlin Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Frances Simpson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec. (Month) 10, (Day) 1881 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	10	17	hr. min.

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

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Michael Hoffman
13. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Mary Greener
15. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Etta Brunner
(b) Address 4440A Farlin Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. (Month) 29, (Day) 1942 (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot Carroll
(b) Address 4600 Natural Bridge

19. (a) OCT 28 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 1939
, 19 , to Oct. 27, 1942
that I last saw her alive on Oct. 26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death general anasarca — Duration One yr.

Due to Myocarditis, mitral stenosis + regurgitation.

Due to arteriosclerosis, hypertension

Other conditions Nephritis, Chronic
(Include pregnancy within 3 months of death)

Major findings:
Of operations 131 b.
Of autopsy as stated above.

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 Louis J. Bernwald (M. D. ~~or other~~)
Address 4155 N. Newstead Date signed 10-27-42

(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 Sheldon Collier

Licensed Embalmer No. 3382

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.