

BUREAU OF THE CENSUS
FILED NOV 19 1942
318

1003

Registrar's No. 9621

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (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: St. Louis Childrens Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 1 mo. 20 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: CARROL ALVIS SIMPSON

3. (b) If veteran, name war: no
 3. (c) Social Security No: none

4. Sex: M 5. Color of race: W.
 6. (a) Single, widowed, married, divorced: 0
 6. (b) Name of husband or wife: _____
 6. (c) Age of husband or wife if alive: _____ years
 7. Birth date of deceased: Aug 24 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
—	—	2	23	hr. _____ min. _____

9. Birthplace: Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 12. Name: Cecil Simpson
 13. Birthplace: Indiana
(City, town, or county) (State or foreign country)
 14. Maiden name: Mildred Johnston
 15. Birthplace: Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: M. Lee
 (b) Address: 500 So Fungel Highway

17. (a) Removal (b) Date thereof: NOV. 18 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Fairfield Ill.

18. (a) Signature of funeral director: Wesley Dixon
 (b) Fairfield Ill.

19. (a) NOV 19 1942 (b) J. F. Beebeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Michigan (b) County: 20
 (c) City or town: Detroit
(If outside city or town limits, write "RURAL")
 (d) Street No.: 1191 N. Kerby
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country: 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov day: 17
 year: 1942 hour: 11 minute: 45 A.M.

21. I hereby certify that I attended the deceased from: 9-28 1942 to: 11-17-1942
 that I last saw him alive on: Nov 17 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death: Resp failure
 Duration _____

Due to: General debility, increased intracranial pressure.
 Due to: Internal hydrocephalus,

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: Spina bifida
 Of operations _____
 Of autopsy _____

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) (Means of injury)

23. Signature: Edmund A. Smiley (M. D. or other) _____
 Address: St. Louis Childrens Hosp. State signed _____

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

9621

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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 William J. Hiron

Licensed Embalmer No. 4319

P. O. Address St Louis Mo

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.