V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 1 1942 8

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

35919

State File No.

Registrar's No. 9684

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:
City Sanitarium 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12yrs. 9mos. 24ds (Specify whether
In this community 33yrs. 7mos. 8ds.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 ## 13
(If outside city or town limits, write "RURAL")

(d) Street No. 4254 West Cote Brilliante
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME GEORGE SIMPSON

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex Male

5. Color or race Colored 2

6. (a) Single, widowed, married, divorced 0 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 12, (Day) 1909 (Year)

8. AGE:

Years	Months	Days	If less than one day
33	7	8	hr. min.

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

10. Usual occupation Janitor Work

11. Industry or business Drug Store

FATHER
12. Name Richard Simpson
13. Birthplace unknown (City, town, or county) Oklahoma 1 (State or foreign country)

MOTHER
14. Maiden name Ollie Bradshaw
15. Birthplace Carbondale (City, town, or county) Illinois 1 (State or foreign country)

16. (a) Informant Richard Simpson
(b) Address 3041a Vine Grove Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-21-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) NOV 20 1942 (Date received local registrar) (b) J F Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19
year 1942 hour 12:55 minute A. M.

21. I hereby certify that I attended the deceased from 7-1-40, 19, to 11-19-42, 19;
that I last saw him alive on 11-19-42, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intestinal Obstruction at Recto-Sigmoid Junction	
Due to Fibrous band	(11-16-42x
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Yes	

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 J R Tidelman M.D. (M. D. or other)
Address 5400 Arsenal St. Date signed 11-19-42

(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 Thomas J. Gates, Registered Apprentice No. ____, working under my personal supervision.

Signed Thomas Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave.

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.