

FILED DEC 10 1942
Registration District No. 84

Primary Registration District No. 200

State File No. _____
Registrar's No. 2457

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Koch
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Robert Koch Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 1 yr 2 mo 4 da
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL") 9

(d) Street No. 4135 W-LEP
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Alma Simpson

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23
year 1942 hour 3 minute 50 P.M.

21. I hereby certify that I attended the deceased from 9-19, 1941, to 11-23, 1942
that I last saw her alive on 11-23, 1942
and that death occurred on the date and hour stated above.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Hugh Simpson

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased May 5 1890
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage
Pulmonary Tuberculosis
Diabetes Mellitus

Duration 6 weeks?
2 yrs?
6 yrs?

8. AGE: Years 52 Months 6 Days 18
If less than one day _____ hr. _____ min

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) pskrl

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

10. Usual occupation Housewife

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Cerebral Hemorrhage
Pulmonary Tuberculosis

11. Industry or business _____

12. Name William Humming

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

14. Maiden name Elisabeth Hahn

15. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Koch Hospital record

(b) Address Koch Mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 11-26-1942
(Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

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? _____

18. (a) Signature of funeral director Geo. I. Pleitsch Inc.

(b) Address 5966-68 Easton Ave

19. (a) NOV 25 1942 (Date received for registration)

(b) C. H. McFarland (Registrar's signature)

(Specify type of place) _____

While at work? _____ (c) Means of injury _____

Signature Paul Murphy (M. D. or other) _____

Address Koch Mo Date signed 11-28-42

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00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 22 1946

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 3454
David C. Gibson, Registered Apprentice No. 346
working under my personal supervision.

Signed David C. Gibson
Licensed Embalmer No. 3454
P.O. Address 5966 Easton 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.