

FILED MAR 2 1943
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1620**

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:
Missouri Baptist 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..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **Wilma Simpson**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife..... **Leonard Simpson** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **October 31, 1908**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 3 15 hr. min.

9. Birthplace..... **Fulton Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name..... **Earnest Harvey**

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

14. Maiden name..... **Ola Stuart**

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

16. (a) Informant..... **Leonard Simpson**

(b) Address..... **4701 McMillan**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof..... **2/19/43**
(Month) (Day) (Year)

(c) Place: burial or cremation..... **Memorial Park Cemetery**

18. (a) Signature of funeral director..... **Edith E. Ambruster**

(b) Address..... **4234 Manchester**

19. (a) **FEB 18 1943** (Date received local registrar) **J. F. Brudeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town..... **St. Louis, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No..... **4701 McMillan**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **16**
year **1943** hour **5.45 P.M.** minute..... M.

21. I hereby certify that I attended the deceased from **February 16**
....., 19**43** to **Feb 16**, 19**43**
that I last saw her alive on **Feb 16**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Myocarditis
Due to..... *Chronic Myocarditis*

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

Duration
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..... **Edith E. Ambruster** (M. D. or other).....
Address..... **512 Olive Street** Date signed **2/18/43**

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

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.....
Harry Eynck

Licensed Embalmer No..... 1284

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.