

FILED JAN 3 1944
Registration District No. **318**

Primary Registration District No. **1003**

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

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

(d) Length of stay: In hospital or institution 25 Hours
(Specify whether)

In this community..... Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... 000
12

(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL") 923

(d) Street No. 2216 Ohio
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME EDITH SIMPSON

3. (b) If veteran, name war No

3. (c) Social Security No. No. No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced, widowed 2

6. (b) Name of husband or wife Ben

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

7. Birth date of deceased July 6th 1886
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>57</u>	<u>5</u>	<u>14</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER {

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country) 9

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Robert Harch

(b) Address 2216 Ohio

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 12/23/43
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave.

19. (a) DEC 21 1943
(Date received local registrar) J. F. Bredenk
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20th
year 1943 hour 8 minute 52 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him..... alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death..... Lobar Pneumonia

Due to.....

Due to..... 108

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

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

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 James J. F. ...
1206 ... Date signed: 12/14/43

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 L. R. Casper

Licensed Embalmer No. 3633

P. O. Address. 2317 Lafayette

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.