

FILED OCT 20 1944 18

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital for institution, write street number or location) 0
(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. York Hotel
(If rural, give location) 6th
(e) Citizen of foreign country? No (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME Nellie E Simpson

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife David R Simpson 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased 4 9 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 5 29 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name James Long
13. Birthplace Ireland
(City, town, or county) (State or foreign country)

{ 14. Maiden name Margaret Mahoney
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant David R Simpson
(b) Address York Hotel

17. (a) Burial (b) Date thereof 10-11-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St Peter & Paul Cemetery

18. (a) Signature of funeral director C Hoffmeister Mortuary
(b) Address 6464 Chippewa

19. (a) OCT 10 1944 J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 8 year 1944 hour 11:40 minute A.M.

21. I hereby certify that I attended the deceased from Oct 4 - 1944
to Oct 8 - 1944
that I last saw her alive on Oct 8, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Lobar Pneumonia 5 days

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

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) _____ (e) Means of injury _____

23. Signature J. P. Hennesch Jr (M. D. or other)
Address 6200 Columbia Ave Date signed 10/10/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dr J P Hennerick
4038 Chotoau
HI-0223

6200 Columbia
9+10 U.M.

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 W. W. Wilkins
Licensed Embalmer No. 3575
P. O. Address.....

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.