No. 300
10.48

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

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21694

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4755

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place) 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Barnes Hospital,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY 99
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cairo
d. STREET ADDRESS (If rural, give location) N R 908 Walnut Street

3. NAME OF DECEASED (Type or Print)
a. (First) Mildred
b. (Middle) May
c. (Last) Simpson

4. DATE OF DEATH (Month) May (Day) 30, (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH May 10, 1912

9. AGE (In years last birthday) 37 — IF UNDER 1 YEAR: Months ___ Days 20 — IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At home

11. BIRTHPLACE (State or foreign country) Alexander County, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John H. Hinton

13b. MOTHER'S MAIDEN NAME Annie Owler

14. NAME OF HUSBAND OR WIFE John Simpson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT'S SIGNATURE OR NAME John Simpson — **ADDRESS** 908 Walnut St. Cairo, Ill.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Brain tumor, malignant (glioblastoma, multiforme) right temporal lobe

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 54

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR? 19 X

22. *I hereby certify that I attended the deceased from* May 30, 1949, *to* May 30, 1949, *that I last saw the deceased alive on* May 30, 1949, *and that death occurred at* 8:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE H. R. Bradley (Degree or title) M.D.

23b. ADDRESS Barnes Hospital,

23c. DATE SIGNED 5/30/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal by Motor

24b. DATE 5/30/49

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) Cairo, Illinois

DATE REC'D BY LOCAL REG. MAY 31 1949

REGISTRAR'S SIGNATURE [signature]

25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister Und. & Liv. Co. **ADDRESS** 7814 S. Bdwy St. Louis, Mo

(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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 7874 S. Broadway

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.