

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 14 1950

1003

State File No. 25285

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. 6256

|                                                                                                                    |                             |                                                                                                                                 |                                        |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY                                                                                     |                             | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY |                                        |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>                      |                             | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>                                   |                                        |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>                                           |                             | d. STREET ADDRESS (If rural, give location) <b>1122A N. 20th Street</b>                                                         |                                        |
| 3. NAME OF DECEASED<br>(Type or Print) <b>Ruth Simpson</b>                                                         |                             | 4. DATE OF DEATH (Month) (Day) (Year) <b>August 5 1950</b>                                                                      |                                        |
| 5. SEX <b>female 3</b>                                                                                             | 6. COLOR OR RACE <b>col</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married /</b>                                                         | 8. DATE OF BIRTH <b>July 27th 1902</b> |
| 9. AGE (In years last birthday) <b>48</b>                                                                          |                             | 10. MONTHS <b>0</b>                                                                                                             | 11. DAYS <b>8</b>                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>       |                             | 11. BIRTHPLACE (State or foreign country) <b>Pulaski Illinois</b>                                                               |                                        |
| 12. CITIZEN OF WHAT COUNTRY? <b>U.S. A.</b>                                                                        |                             | 13a. FATHER'S NAME <b>Thomas Cook</b>                                                                                           |                                        |
| 13b. MOTHER'S MAIDEN NAME <b>Julia Tipton</b>                                                                      |                             | 14. NAME OF HUSBAND OR WIFE <b>Peter Simpson</b>                                                                                |                                        |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b> |                             | 16. SOCIAL SECURITY NO. <b>no</b>                                                                                               |                                        |
| 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Peter Simpson 1122A N. 20th St</b>                                    |                             |                                                                                                                                 |                                        |

|                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                      |  |                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Vascular Disease</b><br><br>ANTECEDENT CAUSES<br><b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b><br>DUE TO (b) <b>Undetermined</b><br>DUE TO (c) |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Undet.</b> |
| II. OTHER SIGNIFICANT CONDITIONS<br><b>Conditions contributing to the death but not related to the disease or condition causing death.</b><br><b>Reactive Depression</b>                                                             |  |                                                                                                                                                                                                                                                                                                      |  |                                                   |

|                                                 |                                                                                                        |                                                                                     |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 19a. DATE OF OPERATION                          | 19b. MAJOR FINDINGS OF OPERATION                                                                       | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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)                                     |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <b>334X</b>                                              |

22. I hereby certify that I attended the deceased from 7-31, 1950, to 8-5, 1950, that I last saw the deceased alive on 8-5, 1950, and that death occurred at 2:15p m., from the causes and on the date stated above.

|                                                                        |                                          |                                                                                        |
|------------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------------------------|
| 23a. SIGNATURE (Degree or title) <b>Herbert K. Kewin M. D.</b>         | 23b. ADDRESS <b>2601 N Whittier St</b>   | 23c. DATE SIGNED <b>8-8-50</b>                                                         |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial /</b>              | 24b. DATE <b>8-9-1950</b>                | 24c. NAME OF CEMETERY OR CREMATORY <b>Jefferson Brks, National</b>                     |
| 24d. LOCATION (City, town, or county) (State) <b>St. Louis, Co. Mo</b> |                                          |                                                                                        |
| DATE REC'D BY LOCAL REG. <b>AUG 9 1950</b>                             | REGISTRAR'S SIGNATURE <b>J B Pasater</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J.H. Randle &amp; Son 3133 Bell Avenue</b> |

WRITE PLAINLY—USING 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Arthur L. Heilbard*

Signed.....  
Student Embalmer

Licensed Embalmer No. *42221*

P. O. Address *4049 St. Ferdinand*

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.