

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10591

State File No.

FILED APR 12 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2821**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (In this place) **30 yrs**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** **2719**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Homer G. Phillips** d. STREET ADDRESS (If rural, give location) **3540a Lawton Avenue** **0**

3. NAME OF DECEASED a. (First) **IDA** b. (Middle) _____ c. (Last) **SIMPSON** 4. DATE OF DEATH (Month) (Day) (Year) **Mar. 22, 1952**

5. SEX **Female** 3 6. COLOR OR RACE **Col** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, **Married** 8. DATE OF BIRTH **May 19, 1889** 9. AGE (In years last birthday) **62** IF UNDER 1 YEAR Months _____ IF UNDER 24 HRS. Days _____ 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 _____ 11. BIRTHPLACE (State or foreign country) **Nashville, Tenn** 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **Gabe Yowell** 13b. MOTHER'S MAIDEN NAME **Hannah Aldridge** 14. NAME OF HUSBAND OR WIFE **Leon Simpson**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ 16. SOCIAL SECURITY NO. **Unk** 17. INFORMANT'S SIGNATURE OR NAME **Leon Simpson, 3540a Lawton Avenue** ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Hypertensive Cardio Nephritic Disease** INTERVAL BETWEEN ONSET AND DEATH **7**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES **Leisense**
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.**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES 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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **HHIX**

22. I hereby certify that I attended the deceased from **3/9/52**, 19**52**, to **3/22**, 19**52**, that I last saw the deceased alive on **3/22**, 19**52**, and that death occurred at **3:30P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **[Signature]** Esp. ADDRESS **3136 Chouteau Ave** 23c. DATE SIGNED **3/24/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **3/26/52** 24c. NAME OF CEMETERY OR CREMATORY **St. Peters Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis County, Mo**

DATE REC'D BY LOCAL REG. **MAR 25 1952** REGISTRAR'S SIGNATURE **[Signature]** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **R. M. C. Green, 3517 Laclede Avenue**

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

Melvin E. Green

Signed.....
Student Embalmer

Licensed Embalmer No. 4428

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.