

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3771

FILED FEB 11 1953

State File No.

BIRTH NO. 5774 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1148

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2219</u>	
c. LENGTH OF STAY (In this place) <u>11 days</u>		d. STREET ADDRESS (If rural, give location) <u>21 3145 Laclede</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Beverly</u> b. (Middle) c. (Last) <u>Simpson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 29 53</u>		
5. SEX <u>Fem. 3</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>1-18-53</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>11</u> IF UNDER 24 HRS. Hours <u>11</u> Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>0</u>	

13a. FATHER (Surnames only) <u>T. L. Simpson</u>		13b. MOTHER'S MAIDEN NAME <u>Atrice Brittentine</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Arthur M. Howard, RR 2601 N. Whittier</u>	
				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature birth</u>			INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES 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. <u>Lung, Congestion; Hemorrhage, Ileum</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>21 3145 Laclede</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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? <u>774X</u>	

22. I hereby certify that I attended the deceased from 1-18-, 19 53 to 1-29-, 19 53, that I last saw the deceased alive on 1-29- / 19 53, and that death occurred at 10:03pm from the causes and on the date stated above.

23a. SIGNATURE <u>Hervey Naugh</u> M. D. <u>0</u>		23b. ADDRESS <u>2601 N. Whittier</u>		23c. DATE SIGNED <u>1-30-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-31-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	
				24d. LOCATION (City, town, or county) (State) <u>5500 Brown Road. Mo.</u>	

DATE RECD BY LOCAL REG. <u>JAN 30 1953</u>		REGISTRAR'S SIGNATURE <u>J. C. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Prosser Adams</u>	
				ADDRESS <u>3849 Windsor Pl.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

P. 300
P. 48

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 *L. A. Green*

Licensed Embalmer No. 2963

P. O. Address 721 9th St

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.