THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

23158

State File No. .....

FILED JUL 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5847

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

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY St. Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) East St. Louis, 8120
d. STREET ADDRESS (If rural, give location) 517 Piggott Ave. 8

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

**4. DATE OF DEATH** (Month) (Day) (Year) June 7, 1953

**5. SEX** Male 2
**6. COLOR OR RACE** Negro
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed 2
**8. DATE OF BIRTH** June 21, 1894
**9. AGE** (In years last birthday) 58 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Retired Chef
**10b. KIND OF BUSINESS OR INDUSTRY** None
**11. BIRTHPLACE** (City and State or Foreign Country) Blackrock, Arkansas
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** Louis Simpson
**13b. MOTHER'S MAIDEN NAME** Harriett Dickerson
**14. NAME OF HUSBAND OR WIFE** Mattie 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** Vence Simpson — ADDRESS 517 Piggott Ave. E. St. Louis, 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) Cancer

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Nephritis - Hypertension
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** 593X
**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 6/5, 1953, *to* 6/7, 1953, *that I last saw the deceased alive on* 6/7/53, 19__, *and that death occurred at* 5 A.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** Edgar F. Wordson (Degree or title) M.D.
**23b. ADDRESS** 930 N 2 N St Louis
**23c. DATE SIGNED** 6/8/53

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Removal
**24b. DATE** 10 June 53
**24c. NAME OF CEMETERY OR CREMATORY** Booker Washington
**24d. LOCATION** (City, town, or county) East St. Louis, (State) Ill.

**DATE REC'D BY LOCAL REG.** JUN 12 1953
**REGISTRAR'S SIGNATURE** J. Earl Smith M.D. M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE** C. H. Officer — ADDRESS 2114 Missouri Ave. E. St. Louis, Ill.

(Licensed Embalmer's Statement on Reverse Side)

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~~ .....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Ben F. Baldwin

Licensed Embalmer No. 2420

P. O. Address 220 N. 26th Street

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

- If this body is not embalmed, fact should be so stated above.