

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44005

FILED JAN 18 1955

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11920

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE <u>Illinois</u> d. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY OR TOWN <u>Salem</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Children's</u>				e. STREET ADDRESS (If rural, give location) <u>321 North Shelby</u> 8/208				
3. NAME OF DECEASED (Type or Print) (First) <u>James</u>			b. (Middle) <u>Kevin</u>		c. (Last) <u>Simpson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-29-54</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>o</u>		8. DATE OF BIRTH <u>9-16-54</u>	9. AGE (In years last birthday) <u>-</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 12 HRS. Hours Min. <u>13</u>	
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>Centralia, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Walter Glen Simpson</u>			13b. MOTHER'S MAIDEN NAME <u>Betty Crowe</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Robert - 500 S. Kings Highway</u>				
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>Brain abscess</u>					INTERVAL BETWEEN ONSET AND DEATH <u>? 3 days</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Meningococcal meningitis</u>					4 days	
		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 <u>12-29-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Rt. parietal hematoma + temp-parietal abscess</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21f. HOW DID INJURY OCCUR? <u>Q570</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
22. I hereby certify that I attended the deceased from <u>12-26-</u> , 1954, to <u>12-29</u> , 1954, that I last saw the deceased alive on <u>12-29</u> , 1954 and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Name or title) <u>Dr. L. Thurston W.</u>				23b. ADDRESS <u>Children's Hospital</u>		23c. DATE SIGNED <u>12-30-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12/31/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>EAST LAWN</u>		24d. LOCATION (City, town, or county) (State) <u>SALEM-ILLINOIS</u>		
DATE REC'D BY LOCAL REG. <u>DEC 30 1954</u>		REGISTRAR'S SIGNATURE <u>Carl Smith Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Phillip W. Oler</u>		ADDRESS <u>E. ST. LOUIS, ILL.</u>		

(Licensed Embellisher'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 not embalmed, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Phillips A. Ogden

Licensed Embalmer No. Ill. 70

P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.