No. 300
10-48

FILED MAY 28 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17011

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4403

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

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 6yr 2mo 9dys
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis Chronic Hospital
e. STREET ADDRESS (If rural, give location) 13 5800 Arsenal St. 2 13/0

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) c. (Last) Simpson
4. DATE OF DEATH (Month) (Day) (Year) May 17, 1955

5. SEX male 2
6. COLOR OR RACE colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower 2
8. DATE OF BIRTH June 14, 1881
9. AGE (In years last birthday) 73 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) NIL
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Wentzville, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME W. Simpson
13b. MOTHER'S MAIDEN NAME A. Carter
14. NAME OF HUSBAND OR WIFE Gertrude Edwards (deceased)

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.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS St. Louis Chronic Hospital 5800 Arsenal St.

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) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis — years
DUE TO (c) Hypertension — years

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 331X

22. *I hereby certify that I attended the deceased from* March 8, *19*49, *to* May 17, *19*55, *that I last saw the deceased alive on* May 17, *19*55, *and that death occurred at* 12:25P*m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) George M. Tanska, M.D. 0
23b. ADDRESS 5800 Arsenal St.
23c. DATE SIGNED 5-18-55

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE 5-21-55
24c. NAME OF CEMETERY OR CREMATORY GREENWOOD
24d. LOCATION (City, town, or county) (State) St Louis Co, Mo.

DATE REC'D BY LOCAL REG. MAY 19 1955
REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.
25. FUNERAL DIRECTOR'S SIGNATURE Bennie Love ADDRESS 3103 Washington

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No. 348

P. O. Address 4575 Ald

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.