

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042260
STATE FILE NUMBER

FILED NOV 20 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10582

300
1-57
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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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 626 N. Garrison		Length of stay in lb 60 yrs. 2/18	d. STREET ADDRESS 626 N. Garrison Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) SARAH SIMPSON			4. DATE OF DEATH Month Nov. Day 1 Year 1958		
5. SEX Female 3	6. COLOR OR RACE Col.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 5, 1867		9. AGE (In years last birthday) 91
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Mexico, Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Andrew Jackson		13b. MOTHER'S MAIDEN NAME Margaret Sims	
14. NAME OF HUSBAND OR WIFE —		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mertha Torian		Address 626 N. Garrison Ave.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>cerebral thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>hypertensive cardiovascular disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443x					INTERVAL BETWEEN ONSET AND DEATH appr. 2 mos " 5 yrs
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 1		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) XX		20c. TIME OF INJURY Hour Month, Day, Year a.m. XX p.m. XX			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) XX		20f. CITY, TOWN, OR LOCATION COUNTY STATE XX	
21. I attended the deceased from May 1958 to Oct 1958 and last saw her alive on Oct 28, 1958 Death occurred at 3:30 PM Nov 1, 1958 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>[Signature]</i>			22b. ADDRESS Carson and Iix Kinloch, Mo		22c. DATE SIGNED 11-4-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Nov. 7, 1958		23c. NAME OF CEMETERY OR CREMATORY Father Dickson Cem.	
23d. LOCATION (City, town, or county) St. Louis Co.		23e. (State) Mo.		24. FUNERAL DIRECTOR J. H. RANDLE & SON	
24. ADDRESS 3133 Bell Ave.		25. DATE RECD. BY LOCAL REG. NOV 5 '58		26. REGISTRAR'S SIGNATURE <i>[Signature]</i> M. J. B.	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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
Signature of Student Embalmer

Signed *Esther K. Harris*

Licensed Embalmer No. *4458*

P. O. Address *4181 Wash*

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.