

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046830
STATE FILE NUMBER

FILED JAN 6 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3314

1. PLACE OF DEATH a. COUNTY St. Louis (20)		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) (on) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Velda Village		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Velda Village 4160
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6936 Parkdale Dr.		Length of stay in lb YRS.	d. STREET ADDRESS (If outside, give location) 6936 Parkdale Dr.

3. NAME OF DECEASED (Type or print) First Middle Last MR. LOUIS DOLD SIMPSON			4. DATE OF DEATH Month Day Year Dec. 16, 1958		
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5. SEX M.	6. COLOR OR RACE W.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 9, 1890	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Salesman	10b. KIND OF BUSINESS OR INDUSTRY Pharmaceuticals	11. BIRTHPLACE (City and state or country) Washington Co. Ark.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Robert Simpson	13b. MOTHER'S MAIDEN NAME Anne Dold	14. NAME OF HUSBAND OR WIFE Frances M. Simpson
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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) Yes WW I	16. SOCIAL SECURITY NO. 300-07-5131	17. INFORMANT Address Frances M. Simpson 6936 Parkdale Dr.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 day 6-7 yrs. 6-7 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) My pertention	
	DUE TO (c) My pertention heart disease	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) coronary atherosclerosis		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 443X
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from **07-08** to **12-17-58** and last saw him alive on **12-16-58**
Death occurred at **11:00 P.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. Enslant	22b. ADDRESS 1452 So. Grand Ave.	22c. DATE SIGNED 12/17/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12/19/58	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Missouri
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24. FUNERAL DIRECTOR ADDRESS Alexander & Sons, Inc 6175 Delmar	25. DATE RECD. BY LOCAL REG. 12-19-58	26. REGISTRAR'S SIGNATURE Robert B. Donk MD
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Dr. Gustave Dahms
1452 So. Grand Ave.
PR 1 2200

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 *Joseph E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *670 Palm*

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.