

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6195

FILED JUL 7 1961

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **St. Louis**

Length of stay in 1b

## 2. USUAL RESIDENCE. (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **St. Louis**c. CITY  
OR  
TOWN **Ferguson**

Inside Limits

Yes  No c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **St. John's Hosp.**

Inside Limits

Yes  No 

d. STREET ADDRESS (If outside, give location)

**412 Chanslor Dr.**

Reside on Farm

Yes  No 3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

**Vida Florine Simpson**4. DATE  
OF  
DEATH

Month

Day

Year

**7-3-61**

## 5. SEX

**Female**

## 6. COLOR OR RACE

**White**7. Married Never Married Widowed Divorced 

## 8. DATE OF BIRTH

**11-30-98**

## 9. AGE (last birthday)

**62 Yrs.**

## IF UNDER 1 YEAR

Months

## IF UNDER 24 HR

Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**At Home**

## 10b. KIND OF BUSINESS OR INDUSTRY

**Housewife**

## 11. BIRTHPLACE (City and state or country)

**St. Louis, Missouri**

## 12. CITIZEN OF WHAT COUNTRY

**USA**

## 13a. FATHER'S NAME

**Charles Coleman**

## 13b. MOTHER'S MAIDEN NAME

**Margaret Edison**

## 14. NAME OF HUSBAND OR WIFE

**Earl B. Simpson**15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)**No****None**

## 16. SOCIAL SECURITY NO.

**None**

## 17. INFORMANT

Address

**Earl B. Simpson Ferguson, Missouri**18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Carcinoma of Lung**

## INTERVAL BETWEEN ONSET AND DEATH

**1 year**

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**Diphtheria Mellitus**

PART III. If deceased was female was there a pregnancy in last 90 days.

 Yes  No  Unknown19. WAS AUTOPSY PERFORMED?  
YES  NO 20a. ACCIDENT SUICIDE HOMICIDE 

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK   
NOT WHILE AT WORK 

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

**June 1960****to July 1961**

and last saw her

**alive on July 2, 1961**

## Death occurred at

**1:57 AM**

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

**Walter W. Davis MD**

## 22b. ADDRESS

**539 N. Grand**

## 22c. DATE SIGNED

**7/3/61**

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

**Removal**

## 23b. DATE

**7-5-61**

## 23c. NAME OF CEMETERY OR CREMATORY

**Wesley Cemetery**

## 23d. LOCATION (City, town, or county)

**Elderado, Ill.**

## 24. FUNERAL DIRECTOR

ADDRESS

**White-Mullen 118 N. Florissant Rd. Ferg.**

## 25. DATE RECD. BY LOCAL REG.

**JUL 3 1961**

## 26. REGISTRAR'S SIGNATURE

**Earl Smith, M.D.**

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

*R. M. ...  
408 Humboldt Blvd*

**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 *Reinhold K. Lohman*

Licensed Embalmer No. *3395*

P. O. Address *St Louis 35*

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.