

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

1443-62-008739
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1443**

FILED FEB 16 1962

DO NOT WRITE ON THIS STUB

AMENDED

| | | | | | | |
|-----------|--|--------------|------------|----------|-----------------------|-----------------|
| VS 300 | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | DATE AMENDED | INSTEAD OF | DOCUMENT | MEDICAL CERTIFICATION | BY AFFIDAVIT OF |
| Rev. 4/59 | | | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 75 | SHOULD READ | ITEM NO. | | | | |

| | | | | | | | | | | | | | | | |
|--|--|--|--|---|--|---|--|---|------------------|--|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN | | Length of stay in 1b | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE | | b. COUNTY | | c. CITY OR TOWN | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| | | St. Louis | | | | Mo. | | | | St. Louis | | | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) | | | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| City Hospital | | | | | | 4472 Forest Park Blvd. | | | | | | | | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last | | | | | | 4. DATE OF DEATH Month Day Year | | | | | | | | | |
| Arthur Simpkins | | | | | | February 1st., 1962 | | | | | | | | | |
| 5. SEX | | 6. COLOR OR RACE | | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH | | 9. AGE (last birthday) | | IF UNDER 1 YEAR | | IF UNDER 24 HR | | | |
| M. | | W. | | | | 6/25/1877 | | 82 | | Months Days Hours Min. | | | | | |
| 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 country) | | | | 12. CITIZEN OF WHAT COUNTRY | | | |
| Roofier | | | | | | | | England | | | | U.S. | | | |
| 13a. FATHER'S NAME | | | | 13b. MOTHER'S MAIDEN NAME | | | | 14. NAME OF HUSBAND OR WIFE | | | | | | | |
| Unknown Simpkins | | | | Unknown | | | | Della Simpkins | | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | | | 16. SOCIAL SECURITY NO. | | | | 17. INFORMANT Address | | | | | | | |
| yes | | | | Spanish-American | | | | Mrs. John G. Ross, 1512a Chouteau 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) | | | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (a) <i>Head injury and fracture of left wrist; suffered in fall to sidewalk in front of about 4458 Forest Park on Jan. 18th 1962</i> DUE TO (c) <i>Accident</i> | | | | | | | | | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. | | | | | | | |
| | | | | | | | | 903.5-44 | | | | | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT SUICIDE HOMICIDE | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | | | | | | | | | |
| | | X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | See above | | | | | | | | | | | |
| 20c. TIME OF INJURY | | Hour a.m. p.m. | | Month, Day, Year | | | | | | | | | | | |
| | | 1-19-62 | | | | | | | | | | | | | |
| 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 | | | | | | | |
| | | 19 side walk | | St. Louis, Mo | | Mo | | | | | | | | | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) | | | | | | 22b. ADDRESS | | | 22c. DATE SIGNED | | | | | | |
| <i>Joseph M. Quinn Deputy</i> | | | | | | 1300 Clark | | | 2-2-62 | | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE | | 23c. NAME OF CEMETERY OR CREMATORY | | | | 23d. LOCATION (City, town, or county) (State) | | | | | | | |
| Burial | | 2/5/1962 | | Memorial Park Cemetery | | | | St. Louis, County, Mo. | | | | | | | |
| 24. FUNERAL DIRECTOR ADDRESS | | | | 25. DATE RECD. BY LOCAL REG. | | | | 26. REGISTRAR'S SIGNATURE | | | | | | | |
| Arthur J. Nonnelly 3840 Lindell Blvd. | | | | FEB 2 1962 | | | | Loard Smith. M.O. | | | | | | | |

USE BLACK INK OR TYPEWRITER RIBBON

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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address 3840 Lindell

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.