MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040751
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10259

FILED NOV 1 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 2009
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: 2 — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Saint Louis — Length of stay in 1b: Life
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): De Paul Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri. b. COUNTY:
c. CITY OR TOWN: Saint Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4770a Maffitt Avenue — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MARY — Middle H — Last SIMPSON

4. DATE OF DEATH: Month October — Day 25 — Year 1962

5. SEX: Female.
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4/20/86
9. AGE (last birthday): 76 years — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Cashier
10b. KIND OF BUSINESS OR INDUSTRY: Famous-Barr Co.
11. BIRTHPLACE (City and state or country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: William Simpson
13b. MOTHER'S MAIDEN NAME: Julia Kane
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Mr. John Simpson, Address: 4770a Maffitt Avenue 13

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary Edema Acute — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arterio Sclerotic Heart Disease Chronic
DUE TO (c): Anemia - Secondary

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 420.0

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. 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 Oct. 9 1962 to Oct 25 1962 and last saw her/him alive on Oct 24 1962
Death occurred at 6:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Eugene J. Kohler MD
22b. ADDRESS: 4968 Delmar Blvd
22c. DATE SIGNED: 10/26/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/27/62
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Missouri.

24. FUNERAL DIRECTOR — ADDRESS: CALVIN F. FEUTZ 4828 Natural Bridge Blvd
25. DATE RECD. BY LOCAL REG.: OCT 26 1962
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

Dr. E. J. Kohler,
4968a Delmar Blvd.

Friday 12:30-3 P.M.

File in city.

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 Robert E. Muhlemann

Licensed Embalmer No. 4916

P. O. Address St. Louis, Mo.

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.