

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030514

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7219 STATE FILE NUMBER

FILED JUL 19 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		a. STATE Mo.	b. COUNTY St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony's Hospital		c. CITY OR TOWN Lemay	d. STREET ADDRESS (If outside, give location) 54 Lemay Gardens
Length of stay in 1b 70 days		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Charles E Simpson			4. DATE OF DEATH Month Day Year July 10 1963		
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/1/1877	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY railroad	11. BIRTHPLACE (City and state or country) Pana, Illinois	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Simpson		13b. MOTHER'S MAIDEN NAME Martha Wheeler		14. NAME OF HUSBAND OR WIFE Ruby	
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.	17. INFORMANT Peggy Poepper, 54 Lemay Gardens		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Ch. Myocardite</i>			INTERVAL BETWEEN ONSET AND DEATH 2 yrs 5 2 yrs 5 1 yr 4
DUE TO (b) <i>Arterio Sclerosis</i>			
DUE TO (c) <i>Carcinoma of the forehead</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>fracture Rt femur 1913 F</i>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) fell at home on 4/30/63	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20f. CITY, TOWN, OR LOCATION Lemay Mo.	
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.) Home	
21. I attended the deceased from 7/5/63 to 7/10/63 and last saw him alive on 7/10/63 Death occurred at 7:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Harold P Smith</i>		22b. ADDRESS 5203 Chaffee St	22c. DATE SIGNED 7/11/63
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 7/13/1963	23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	23d. LOCATION (City, town, or county) St. Louis County, Mo.
24. FUNERAL DIRECTOR John L Ziegenhein & Sons 7027 Gravois		25. DATE RECD. BY LOCAL REG. JUL 12 1963	26. REGISTRAR'S SIGNATURE <i>Harold Smith, M.D.</i>

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1

24003

3

4 0

5 2

6

7 1

8 2

9

10

11 400

12 73-0

13

73

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

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: E. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Travis

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.