

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

3292

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City..... *St. Louis* (No. *City Hospital #2*)..... St. Ward)

File No. **F 918**
 Registered No. **F 918**

2. FULL NAME

(a) Residence. No. *4223* *Conright* St., *11* Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred *1 yr.* yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>Col.</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Nov. 23, 1876</i>		
7. AGE	YEARS	MONTHS
	<i>51</i>	<i>2</i>
		DAYS
		<i>0</i>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <i>School-teacher</i>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <i>St. Louis, Mo.</i> (STATE OR COUNTRY)		
PARENTS	10. NAME OF FATHER <i>George Sims</i>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <i>Va.</i> (STATE OR COUNTRY)	
	12. MAIDEN NAME OF MOTHER <i>Mary Stone</i>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <i>Mo.</i> (STATE OR COUNTRY)	

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan. 23, 1928*

17. I HEREBY CERTIFY, That I attended deceased from *Jan. 23, 1928*, to *Jan. 23, 1928*, and that I last saw him alive on *Jan. 23, 1928*, and that death occurred, on the date stated above, at *2:15 P. m.*

THE CAUSE OF DEATH WAS AS FOLLOWS:
Cerebral apoplexy
82A

102
abeyance (duration) yrs. mos. ds.

CONTRIBUTORY *Hypertension*
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED *at home*
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? *No* DATE OF.....
 WAS THERE AN AUTOPSY? *No*
 HAD TEST CONFIRMED DIAGNOSIS? *clinical*
 (Signed) *A. B. Houser*, M. D.
 , 19 (Address) *City Hospital #2*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT *Anna F. Woodard*
 (Address) *City Hospital #2*
 15. FILED *Jan 25 1928* *Mark Starck*
 19..... REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Greenwood Cem* DATE OF BURIAL *Jan 25 1928*
 20. UNDERTAKER *W. C. Gordon* ADDRESS *2649 Morgan St*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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