

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 1009  
 Township St. Louis Primary Registration District No. 1009  
 City St. Louis (No. 6112 Virginia Ave)  
 File No. 13325  
 Registered No. 3894  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 6112 Virginia Ave St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 15 - 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.  
3 4 15

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Defunct at Home  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER William Sime

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Bertha Bontrager

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Missouri

14. INFORMANT Wm Sime  
 (Address) 6112 Virginia Ave

15. FILED 1329 1929 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 30 1929

17. I HEREBY CERTIFY, That I attended deceased from March 30, 1929, to March 30, 1929, that I last saw h. alive on March 30, 1929, and that death occurred, on the date stated above, at 8:30/A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute Intestitis

12017  
 CONTRIBUTORY (SECONDARY) 1130  
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED?  
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

20. WAS THERE AN AUTOPSY?.....

21. WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Glenn H. H. H., M. D.  
3/31, 1929 (Address) 61290

\*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Echlyn Mo. DATE OF BURIAL Apr. 1<sup>st</sup> 1929

20. UNDERTAKER Wm Schumacher ADDRESS 3013 Meramec

