To Undertaker

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

Do not use this space.
26182

1. PLACE OF DEATH
County St. Louis — Registration District No. 1123 — File No.
Township Carondelet — Primary Registration District No. 6248 B. — Registered No. 270
City Jefferson Barracks, Mo. U.S. Veterans Hospital, Jefferson Brks, Mo. Ward)

2. FULL NAME Jack Sims.
(a) Residence, No. 2406 Goode Ave., St. Louis, Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred un yrs. kn mos. ownds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16, 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	36	10	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable.
10. Date deceased last worked at this occupation (month and year) Unavailable.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable. Mississippi.

FATHER
13. NAME Unavailable.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable. Unavailable.

MOTHER
15. MAIDEN NAME Unavailable.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable. Unavailable.

17. INFORMANT (ADDRESS) C. H. Smith, Clinical Director. U.S. Veterans Hospital, Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Jefferson Barracks DATE 7-21-1931

19. UNDERTAKER (ADDRESS) A. L. Beal Und. Co. 2726 Lucas Ave.

20. FILED July 20 1931 L. C. Obrock Registrar
L. C. Obrock M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1931, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1929, 19, to July 15, 1931, 19
I last saw him alive on July 15, 1931, 19 Death is said to have occurred on the date stated above, at 4:30 AM.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis. Far Advanced Active.
23A

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Physical, X-Ray & Laboratory findings. Was there an autopsy? Yes.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. C. Gibson, Medical Officer In Chg.
(Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.

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.

29

[redacted]