

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

Do not use this space.

14785

1. PLACE OF DEATH

County..... Registration District No. 170
Township..... Primary Registration District No. 1703
City St. Louis, Mo. (No. 5370 Pershing Avenue St. Ward)

File No.
Registered No. 4183
St. Ward)

2. FULL NAME Mary K. Sims

(a) Residence, No. 5370 Pershing Avenue St. 12 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 74 yrs. 7 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thos. B. Sims
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14, 1857
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
74 7 14

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
10 11

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

MOTHER FATHER
13. NAME Rev. Geo. W. Bushey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

15. MAIDEN NAME Mary Walker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Thos. B. Sims 7700 St. Andrews Rd

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery 4/30/32

19. UNDERTAKER (ADDRESS) Walter S. Gosh

20. FILED APR 29 1932 Walter S. Gosh Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan'y, 1915, to April 28, 1932
I last saw her alive on April 28, 1932 Death is said to have occurred on the date stated above, at 11:55 a.m.

The principal cause of death and related causes of importance were as follows:
Date of onset
Chronic Bronchitis 1-0-15
Myocarditis 2-15-30
Other contributory causes of importance: 9:30 1
Pulmonary edema 4-27-32

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

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 Walter S. Gosh M. D.
(Address) 6635 Delmar

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

