

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.

OCT 29 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

96 21. PLACE OF DEATH
 County St. Louis Registration District No. 790
 Township Central Primary Registration District No. 6033
 City So. Henlock, Mo. (No. McGuire Ave. - So. Henlock, Mo. Ward)
 2. FULL NAME Sims, Josephine St. Louis County Hospital
 (a) Residence, No. McGuire 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Sims
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Abt. 1875
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
Abt. 57 — — —
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 335
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
St. Louis, Mo. - 1
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 13. NAME Bill Curtis
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 15. MAIDEN NAME Mildred Carter
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31
Unknown
 17. INFORMANT William Sims
 (ADDRESS) McGuire Ave. - So. Henlock, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 9/11th 1932
 19. UNDERTAKER W. C. Gordon
 (ADDRESS) 2647 Morgan St.
 20. FILED Sept 10, 19 K. W. Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

2. I HEREBY CERTIFY, That I attended deceased from 9-2, 1932, to 9-3, 1932
 I last saw her alive on 9-3-32, 1932 Death is said to have occurred on the date stated above, at 8:30 m.
 The principal cause of death and related causes of importance were as follows:
Acute Nephritis
 Date of onset ?
 130
 1320 / 30
 Other contributory causes of importance:
Acute Nephritis
 Name of operation ① Date of ?
 What test confirmed diagnosis? Was there an autopsy?
 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 St. Louis Co. Hospital
 (Signed) St. Louis Co. Hospital M. D.
 (Address)

