

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 4 1936

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

Do not use this space.

39221

791

1003

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis, Mo. (No. CITY HOSPITAL NO. 2)..... St. Ward).....

File No.....
Registered No. 10254
St. Ward).....

2. FULL NAME Fountain Sims

(a) Residence, No. 1430 N. 21st St. St. 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 6, 19 36

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

22. I HEREBY CERTIFY, That I attended deceased from 9-30- 19 36 to 10-6- 19 36

I last saw him alive on 10-6- 19 36. Death is said to have occurred on the date stated above, at 4:15 P. M.

The principal cause of death and related causes of importance were as follows:

POST - PNEUMONIC EMPYEMA

Date of onset 9-30-36

*No operation
Lobar Pneumonia*

Other contributory causes of importance: 108

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
46 9 25

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala.

FATHER
13. NAME Fountain Sims

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

MOTHER
15. MAIDEN NAME Emma Williams

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

17. INFORMANT Ruby Perdeau
(ADDRESS) 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Luke's Dickson DATE Oct 12 19 36

19. UNDERTAKER Henry Kerner
(ADDRESS) 3621 - Pennsylvania

20. FILED OCT 12 1936 J. Predeck Registrar.

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical 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.....
(Signed) A. L. Lemmes M. D.
(Address) City Hospital #2

