

DEC 28 1937

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

Do not use this space.

42449

1. PLACE OF DEATH

County St. Louis
Township Clayton
City Clayton

Registration District No.

Primary Registration District No.

(No.)

File No.

Registered No.

St.

Ward)

2. FULL NAME Lee Sims(a) Residence, No. 614 Bell, Webster Groves, Mo. 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

male

4. COLOR OR RACE

colored5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFPatolee Sims

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

9-25-1874

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, hrs.
or min.631238. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mo.

13. NAME

John Sims14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown

15. MAIDEN NAME

Mary Buckner16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Va.17. INFORMANT
(ADDRESS)Patolee Sims
614 Bell Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE father'sDATE 11-19th 193719. UNDERTAKER
(ADDRESS)J.C. Lewis
Webster Groves

20. FILED

11/19 Dr. J. Sigorelli
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

11-17-37

19

22. I HEREBY CERTIFY, That I attended deceased from

11-12-37

19

11-17-37

19

I last saw h im alive on 11-17-37 19 7:00 A.M. Death is saidto have occurred on the date stated above, at m.

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

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation 22 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

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. O. Landon M. D.(Address) St. Louis County, Mo.

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

1-28314

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.

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