

REC'D MAY 10 1938

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City. St. Louis

(No. 809 So Third St.)

St.

Ward)

File No. 12576

Registered No. 3180

2. FULL NAME

Mr. William Sims 520

(a) Residence, No. 809 South Third St.,

Ward 22

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 10 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

Black

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Mellie Sims

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

Mar. 11, 1865

7. AGE

73

YEARS

MONTHS

-

DAYS

21

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Odd jobs

10. Date deceased last worked at this occupation (month and year).....

Apr. 1935

11. Total time (years) spent in this occupation.....

50

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

St. Louis, MO. 0

FATHER

13. NAME

Unknown 4

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

Unknown 4
Unknown 0

MOTHER

15. MAIDEN NAME

Ellen Jones

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

Bullton, Mo. 1
Missouri 1

17. INFORMANT

(ADDRESS) Florence Russell
809 South Third St. St. Louis

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Alton Ill

DATE

April 6 1938

19. UNDERTAKER

(ADDRESS)

Robert H. Steeper
2521 Edwards St. Alton Ill

20. FILED

APR 4 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Apr. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to

, 19,

I last saw him alive on....., 1935. Death is said

to have occurred on the date stated above, at 11:35 a.m.

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

Date of onset

Primary Occlusion

Other contributory causes of importance:

Atherosclerosis

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

See above

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed)

Alfred J. Perry, M.D.

(Address)

Deputy Coroner

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.

Embalmer Certi
furnished