

LESD MAY 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

12968

Do not use this space.

1. PLACE OF DEATH Enroute To Homer Phillips Hosp. 791
 (a) County 3 Registration District No.
 (b) Township Primary Registration District No. 1003
 (c) City St. Louis, Mo. (d) Street No. Enroute to Homer Phillips Hosp. 3572
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Marie Sims 520
 (a) Residence, No. 2133 Papin St. St. 22
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1914
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 24 0 /

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
 9. Industry or business in which work was done, as 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) Madison Miss.

13. NAME Richard Sims
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

15. MAIDEN NAME Hattie Grays
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

17. INFORMANT Earline Martin (ADDRESS) Chicago, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE 4/16/38

19. FUNERAL DIRECTOR (NAME) E. L. Garner (ADDRESS) 2829 Washington Ave.

20. FILED APR 16 1938 J. F. Breda Local Registrar

NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/11/38 19

22. I HEREBY CERTIFY, That I attended deceased from 19....., to....., 19.....

I last saw h..... alive on..... Death is said to have occurred on the date stated above, at 5:30 P.M.

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

Internal Hemorrhage from stab wound of left lung, suffered when stabbed with knife in the hands of one, Clark York, about 5:30 P.M., April 11th, 1938, in alley in rear of 2341

Other contributory causes of importance: Chouteau Avenue.

Name of operation..... Date of..... What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Homicide Date of injury 4/11/38
 Where did injury occur? St. Louis, Mo.

(Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. In Public Place

Manner of injury See Above
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify (Signed) Alfred J. Dwyer M.D.
 (Address) Deputy Coroner

STATE OF NEW YORK

08/11/19

AM-T 105:6

Entered date most commonest (commonest)
of data held hereafter, given to the
one to whom the name of one
of the above is given, about 8:30
of the day of the month of April
1919.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Isaac Jerome Manlove, or by Isaac Jerome Manlove, Registered Apprentice No. 3994, working under my personal supervision.

Signed

Isaac Jerome Manlove

Licensed Embalmer No.

3994

P. O. Address

2829 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.