

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.

REC'D MAY 6 1938

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

15807

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis

(b) Township Clayton

(c) City Clayton

Registration District No. 784

Primary Registration District No. 202101

Registered No. 633

(d) Street No. St. Louis County Hospital

(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 John Sims

(a) Residence, No. 129 Lithia Ave. Webster Groves

(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

male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR

Divorced (write the word)

Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Martha Simms

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

Unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

yr. hrs. or min.

Unknown

Unknown

Unknown

OCCUPATION

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

nil.

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)

Tenn.

FATHER

13. NAME

Unknown

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

Unknown

MOTHER

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

daughter

18. BURIAL, CREMATION, OR REMOVAL

PLACE

John Rickman

DATE 4/11/38

19. FUNERAL DIRECTOR (ADDRESS)

Wade Undertaking Co.

4202 Spring Ave

20. FILED

4-8

1938

IR. May M. S. D. N

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

4/7/38

22. I HEREBY CERTIFY, That I attended deceased from

3/23/38 to 4/7/38

I last saw him alive on 4/7/38

to have occurred on the date stated above, at _____ m.

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

Carcinoma tail of pancreas
Metastasis to stomach
Arteries & Colon

Other contributory causes of importance:

Chronic myocarditis

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? _____ 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? No

If so, specify _____

(Signed) George M. Foreman

707 (Address) Clayton Mo. St. Louis Co.

STATEMENT BY LICENSED EMBALMER

I, J. Swanson, Licensed Embalmer No. 2691
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

J. Swanson
Licensed Embalmer No. 2691

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.)