

Registration District No. 201

Primary Registration District No. _____

State File No. _____

Registrar's No. 11106

1. PLACE OF DEATH: 1008
 (a) County: _____
 (b) City or town: St Louis
 (c) Name of hospital or institution: Homer G Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 11 days
 In this community: Unknown (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1
 (a) State: Missouri (b) County: _____
 (c) City or town: St Louis 21
 (If outside city or town limits, write "RURAL")
 (d) Street No: 3411 Delmar
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.: _____ years.

3. (a) PRINT FULL NAME: William Sims 520
 3. (b) If veteran, name war: _____ 3. (c) Social Security No.: Unk

4. Sex: Male 5. Color or race: Negro
 6. (a) Single, widowed, married, divorced: Unk
 6. (b) Name of husband or wife: Unk 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: Dec 28, 1873
 (Month) (Day) (Year)

8. AGE: Years: 65 Months: 11 Days: 25
 If less than one day: _____ hr. _____ min.

9. Birthplace: Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Porter

11. Industry or business: Unk

12. Name: Henry Sims
 13. Birthplace: Unk Virginia (City, town, or county) (State or foreign country)
 14. Maiden name: Clara ? Virginia
 15. Birthplace: Virginia (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Helen A Spotts
 (b) Address: Homer G Phillips Hospital

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof: 12-28-39 (Month) (Day) (Year)
 (c) Place: burial or cremation: St Louis

18. (a) Signature of funeral director: W. R. Rutter
 (b) Address: 3500 Rutter

19. (a) (Date received local registrar): DEC 28 1939 (b) _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 23
 year 1939 hour 8:00 minute 55 A.M.

21. I hereby certify that I attended the deceased from December 13, 1939, to December 23, 1939;
 that I last saw him alive on December 23, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease c Decom-
pensation Duration: 6-8yrs

Due to: _____
 Due to: _____

Other conditions: Pleural Effusion 1-2 mos
 (include pregnancy within 3 months of death)

Major findings: _____
 Of operations: _____
 Of autopsy: _____
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence: _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
 (a) Means of injury: _____

23. Signature: H. J. Pymon (M. D. or other)
 Address: 2601 N. W. 11th Date signed: 12/27/39

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.

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.