

Registration District No. 791

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 das
(Specify whether _____)
In this community Unknown
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis 22
(If outside city or town limits, write "RURAL")
(d) Street No. 3008 a Market
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13
year 1940 hour 9:05 minute _____ A. M.
21. I hereby certify that I attended the deceased from January 26, 1940 to February 13, 1940;
that I last saw him alive on February 13, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease 2 1/2 yrs
Duration

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
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) _____ (e) Means of injury _____
23. Signature H. J. Lyman (M. D. or other) _____
Address 2021 N. W. Miller Date signed 2/14/40

8. (a) PRINT FULL NAME Ernest Sims

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race Bl 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Estella Sims 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased Feb 26 1894
(Month) (Day) (Year)

8. AGE: Years 45 Months 11 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Marysville Miss
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business _____

MOTHER FATHER { 12. Name Ransom Sims
13. Birthplace Waynes
(City, town, or county) (State or foreign country)
14. Maiden name Ann
15. Birthplace Waynesville Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Lula Jackson

(b) Address 3008 1/2 a Market

17. (a) _____ (b) Date thereof 2/18/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director F. A. Green

(b) Address 2915 Franklin ave

19. (a) FEB 17 1940
(Date received local registration) (City or county) (Year)

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. 2963

P. O. Address 2915 Franklin

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.