

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 St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3004 Vinegrove
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
(Specify whether)

In this community abt. 35
years, months or days

3. (a) PRINT FULL NAME Judy Sims

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Female

5. Color or race Col.

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John Sims

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased may 25 1885
(Month) (Day) (Year)

8. AGE: 55 Years

Months <u>4</u>	Days <u>2</u>	If less than one day hr. <u>—</u> min. <u>—</u>
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9. Birthplace Cynthiana Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business at home

12. Name Knot Known

13. Birthplace Knot Known
(City, town, or county) (State or foreign country)

14. Maiden name Knot Known

15. Birthplace Knot Known
(City, town, or county) (State or foreign country)

16. (a) Informant John Sims

(b) Address 3004 Vinegrove

17. (a) Burial (b) Date thereof 9-1-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director E. J. ...

(b) Address 2620 ...

19. (a) OCT 1 1940 (b) J. B. ...
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County —

(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")

(d) Street No. 3004 Vinegrove ra
(If rural, give location)

(e) If foreign born, how long in U. S. A. — years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 27
year 1940 hour 9 minute 0 M.

21. I hereby certify that I attended the deceased from Periods for 3-4 years
that I last saw him alive on 9-27-1940, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage

Due to Contributing Cause

Due to hemiplegia

Other conditions —
(Include pregnancy within 3 months of death)

Major findings: 87

Of operations —

Of autopsy —

Duration

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 J. M. Perry (M. D. or other) —

Address 4452 Beverly Date signed —

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed

Clark Young

Licensed Embalmer No.

33712

P. O. Address

St Louis

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, fact should be so stated above.