

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

36752

Registrar's No.

9025

Registration District No.

791

Primary Registration District No.

1003

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.....
4027 Darby Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John E. Sims

3. (b) If veteran, name war..... No
3. (c) Social Security No..... None

4. Sex..... M
5. Color or race..... W
6. (a) Single, widowed, married, divorced..... Married
6. (b) Name of husband or wife..... Frances Sims
6. (c) Age of husband or wife if alive..... 64 years
7. Birth date of deceased..... March 8 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 7 23 hr. min.

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

10. Usual occupation..... Retired Merchant

11. Industry or business.....

12. Name..... Emanuel Sims

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

14. Maiden name..... Alice Young
(City, town, or county) (State or foreign country)

15. Birthplace..... New York
(City, town, or county) (State or foreign country)

16. (a) Informant..... Frances Sims

(b) Address..... 4027 Darby Ave

17. (a) Burial (b) Date thereof..... 11/4/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Calvary Cemetery

18. (a) Signature of funeral director..... Stroott - Carroll

(b) Address..... 4600 Natural Bridge Ave

19. (a) NOV 1 1940 (b) [Signature]
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No..... 4027 Darby Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1
year 1940 hour 6 minute 15 a.m.

21. I hereby certify that I attended the deceased from July 1932 to Nov 1 1940
that I last saw him alive on Nov 1 1940
and that death occurred on the date and hour stated above.

Immediate cause of death..... Cardio Pulmonary
Due to..... arterio Sclerosis

Due to.....
Other conditions..... None
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... None
Of autopsy..... None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)..... None
(b) Date of occurrence.....
(c) Where did injury occur?..... None (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... No (Specify type of place)
(c) Means of injury.....
23. Signature..... James H. Kelly (M. D. or other)
Address..... 2125 Bunker Date signed..... 11/1/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

J. H. Street

Licensed Embalmer No.

#2265

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, fact should be so stated above.