

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12820

Registration District No. 7.91

Primary Registration District No. 1003

Registrar's No. 3250

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community. 6 years
years, months or days)

3. (a) PRINT FULL NAME Roosevelt Sims

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

4. Sex MALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased 3 30 1936
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
11 0 11 hr. min.

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

10. Usual occupation NONE

11. Industry or business NONE

12. Name JAMES SIMS

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

14. Maiden name ORCE DAVIS

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

16. (a) Informant James Sims

(b) Address 4455 Evans

17. (a) BURIAL (b) Date thereof 4-15-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK

18. (a) Signature of funeral director BOYD BOW, FINE

(b) Address 3704 FINNEY

19. (a) APR 15 1941 (b) J. W. Bredick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1741
(If outside city or town limits, write "RURAL")
(d) Street No. 4455 Evans
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1941 hour 3:30 minute A. M.

21. I hereby certify that I attended the deceased from April 7, 1941 to April 11, 1941
that I last saw him alive on April 11, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Rheumatic Heart Disease
Duration 12-18 months

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 Edw. W. Whittier (M. D. or other)

Address 2601 N. Whittier St. Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

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. 2842

P. O. Address. 3644 Finney

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.