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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 6 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19081

Registration District No. 384 Primary Registration District No. 117 Registrar's No. 999

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 5 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 526 Holland ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Arnett Sims

3. (b) If veteran, name war ✓

3. (c) Social Security No.

4. Sex Male

5. Color or race Col

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

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

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased 1 (Month) 26 (Day) 1902 (Year)

8. AGE: Years 39 Months 3 Days 13 If less than one day hr. ..... min.

9. Birthplace Montgomery (City, town, or county) Mo - O (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name Edward S. Sims

13. Birthplace Wright City (City, town, or county) Mo - O (State or foreign country)

14. Maiden name Nellie English

15. Birthplace Williamsburg (City, town, or county) Mo - O (State or foreign country)

16. (a) Informant Maud Smith
(b) Address 4382 Arsenal Ave

17. (a) ~~Burial~~ (Burial, cremation, or removal) (b) Date thereof 5 (Month) 10 (Day) -41 (Year)
(c) Place: burial ~~or cremation~~ Montgomery Mo

18. (a) Signature of funeral director J. Lunsford
(b) Address Webster Groves

19. (a) MAY 10 1941 (Date received local registrar) (b) W. R. Meyer M.D. Dep. Reg. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1941 hour 10:00 minute P M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Accidentally burnt to death in burning house. — Duration

Due to Suffication and entire body burned.

Due to

Other conditions (Include pregnancy within 3 months of death) 6 D

Major findings: Of operations 1.5 7 0

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) Accident
(b) Date of occurrence May 9, 1941
(c) Where did injury occur? Webster Groves (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home (Specify type of place)
While at work? (e) Means of injury

23. Signature Louis W. Boyce (M. D. or other)
Address Kirkwood, Mo. Date signed 5/10/41

(Licensed Embalmer's Statement on Reverse Side)

JUL 2 1957

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

Ernie Alexander, Registered Apprentice No.

working under my personal supervision.

Signed: Ernie Alexander

Licensed Embalmer No. 3572

P. O. Address Sedalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.