

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Admitted 6/1/42
(Specify whether
In this community Since 6/1/42
years, months or days)

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

3. (b) If veteran, name war WORLD 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased November 20 1898
(Month) (Day) (Year)

8. AGE: Years 43 Months 6 Days 18 If less than one day - hr. - min.

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

10. Usual occupation Farmer

11. Industry or business -

MOTHER FATHER { 12. Name John Sims
13. Birthplace Louisiana
(City, town, or county) (State or foreign country)
14. Maiden name Mollie Norton
15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schellig
(b) Address Clinical Clerk, VAF, Jeff. Brks. Mo.

17. (a) REMOVAL (b) Date thereof 6-8-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation HAZELHURST, MISS.

18. (a) Signature of funeral director [Signature]

(b) Address 7814 S. Broadway

19. (a) JUN 8 - 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 99, 91
(c) City or town East St. Louis 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1123 Gaty Avenue
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country - 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1942 hour 6:55 minute A. M.

21. I hereby certify that I attended the deceased from June 1 19 42 to June 8 19 42
that I last saw him alive on June 8 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Appendicitis, perforative and gangrenous. Duration 7 days

~~Next~~ Contributory Cause: Peritonitis, acute, general. 7 days

Due to -

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

Major findings: Of operations Appendectomy with drainage, June 2, 1942
Of autopsy No 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? [Signature] (Specify type of place) (e) Means of injury -

23. Signature L. M. SOCHRAN, M.D. (M. D. or other)
Address Chief Medical Officer Date signed 6/8/42

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. 3871

P. O. Address. 2814 S. Broadway

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.