

NOV 11 1942
Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 weeks
(Specify whether
In this community 17 Years
years, months or days)

3. (a) PRINT FULL NAME MARION FRANKLIN SIMS

3. (b) If veteran, name war No 3. (c) Social Security No. 702-18-7657

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mabel 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased October 28-1890
(Month) (Day) (Year)

8. AGE: Years 60 Months 0 Days 3 If less than one day hr. min.

9. Birthplace Green Co. Ark. (City, town, or county) (State or foreign country)

10. Usual occupation Mail Handler

11. Industry or business Terminal R. R.

12. Name James Sims
13. Birthplace Georgia. (City, town, or county) (State or foreign country)
14. Maiden name McCracken
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Ruel Sims
(b) Address 4861a Greer

17. (a) (Burial, cremation, or removal) (b) Date thereof 11/1/42
(Month) (Day) (Year)

(c) Place: burial or cremation Paragould, Ark.

18. (a) Signature of funeral director A. H. McLaughlin

(b) Address 2301 Lafayette Ave.

19. (a) NOV 1 1942 (b) J. J. Brundage
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ST. Louis
(c) City or town ST. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 809 N. GRAND.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 30
year 1942 hour 12 minute P M.

21. I hereby certify that I attended the deceased from SEPT. 14, 1942, to OCT. 30, 1942
that I last saw him alive on OCT. 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death MYOCARDITIS

Due to Parenchymatous Nephritis
ARTERIOSCLEROSIS

Due to Chronic Nephritis
RENAL CALCULUS

Other conditions CYSTITIS, URETHRAL
(Include pregnancy within 3 months of death) STRICTURE

Major findings:
Of operations Renal Calculus
Of autopsy MYOCARDITIS, PARENCHY-
MATOUS NEPHRITIS, CYSTITIS

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) (d) Means of injury

23. Signature James C. Vance (M. D. or)
Address Miss. Pacific Hospital Date signed 11/1/42

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

L. R. Cooper

Licensed Embalmer No.

3633

P. O. Address

2317 Lafayette

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 9102

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

3. (a) PRINT FULL NAME Marion Franklin Sims
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex _____ 5. Color or race _____ 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ years
7. Birth date of deceased October 28 - 1894
(Month) (Day) (Year)

8. AGE: 60 Years 0 Months 3 Days If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) removed (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) DEC 1 (b) DEC 1
(Date received local registrar) (Registrar's signature)

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. 809 N Grand
(If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

20. DATE OF DEATH: Month October day 30
year 1942 hour 12 minute 00 P.M.

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

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 _____ (M. D. or other)

Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
Please error in date of death

SUPPLEMENTARY

STANDARD CERTIFICATE OF DEATH

State File No. 22438

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9102

1. PLACE OF DEATH:

- (a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(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 _____ years, months or days)

3. (a) PRINT FULL NAME Marian Frank Bruders

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

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

7. Birth date of deceased Oct 28 (Month) (Day) (Year)

8. AGE: Years 52 Months -- Days 3 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

- (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

- (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

- (b) Address _____

19. (a) 12-17-42 (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 Year 1942 Hour 10 Minute M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I saw him/her alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration _____

- Due to _____

- Due to _____

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

- Major findings: _____ Of operations _____

- Of autopsy _____

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)

- (b) Did injury occur in or about home, on farm, in industrial place, in public place? _____

- While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature _____ (M. D. or other) _____

- Address _____ Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

PHYSICIAN

Underline the cause to which death should be charged statistically.