

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16607

Registrar's No. 4457

Registration District No. 318

Primary Registration District No. 1003

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: Homer S. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community 10 years
years, months or days

3. (a) PRINT FULL NAME

MARY SIMS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Sims 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased May 18 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 11 19 hr. min.

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

10. Usual occupation House Wife

11. Industry or business

12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country)
Unknown 9
14. Maiden name Eliza Barnes
15. Birthplace (City, town, or county) (State or foreign country)
Missouri

16. (a) Informant John Sims
(b) Address 1440 N. Jefferson
17. (a) Burial, cremation, or removal Burial (b) Date thereof May 14/43
(Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director F. J. Brudeck
(b) Address 1915 Franklin Ave
19. (a) MAY 13 1943 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1440 N. Jefferson
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 30 P. M.
year 1943 hour minute

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

Immediate cause of death Coronary Thrombosis
Arteriosclerosis

Due to 9/4

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Pending

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) (c) Means of injury
23. Signature Thomas J. Callahan (D. or other)
Address Deputy Coroner Date signed 5/10-43

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.....

M. R. McQuinn, Registered Apprentice No. *347*
working under my personal supervision.

Signature.....

Licensed Embalmer No.

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.