

FILED JUL 26 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6271

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

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 1 mo
(Specify whether years, months or days)

In this community 30 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1251a N. Jefferson
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Bettie Sims

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1944 hour 2 minute 20 P. M.

21. I hereby certify that I attended the deceased from June 11, 1944, to July 10, 1944,
that I last saw her alive on July 10, 1944,
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased March 3 1879
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Vagina with Metastases

Duration Unknown

8. AGE: Years 65 Months 4 Days 7
If less than one day hr. _____ min. _____

Due to _____

Due to _____

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

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

10. Usual occupation Domestic

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Jim Davis

13. Birthplace unknown ? 9
(City, town, or county) (State or foreign country)

14. Maiden name Elsie ? 9

15. Birthplace unknown ? 9
(City, town, or county) (State or foreign country)

16. (a) Informant Stella Smith
(b) Address 1510 1/2 N. Leffindwell

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? _____

17. (a) Burial (b) Date thereof 7-15-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

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

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Standard St

19. (a) JUL 15 1944 (b) J. D. Bredbeck
(Date received local registrar) (Registrar's signature)

23. Signature W. D. Smiley (M. D. _____)
Address 2601 N Whittier St Date signed 7/11/44

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 L. Bayne

....., Registered Apprentice No. Inf

working under my personal supervision.

Signed L. Bayne

Licensed Embalmer No. 2946

P. O. Address St Louis Mo

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.