

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

11783  
3659

THE STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....  
Registrar's No. ....

FILED MAY 3 1945  
Registration District No. 318

Primary Registration District No. 1003

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

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:  
St Lukes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 Hours  
(Specify whether  
In this community .....  
years, months or days)

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. 19 N. Newstead Ave.  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME MARY SIMS  
3. (b) If veteran, name war .....  
3. (c) Social Security No. 498-03-7293

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 22  
year 1945 hour 6 00 P.M. minute ..... M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years  
7. Birth date of deceased Dec 9th 1891  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8-20 1945 to April 22 1945  
that I last saw her alive on April 11 1945  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
53 4 13 hr. min.

Immediate cause of death  
Arteriosclerosis  
suppurative heart disease  
hypertension  
Due to hypertension  
Due to 307  
Other conditions  
(Include pregnancy within 3 months of death)

9. Birthplace St Louis Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Sec. Waitress Union  
11. Industry or business .....

Major findings:  
Of operations .....  
Of autopsy .....

MOTHER FATHER  
12. Name James Madison  
13. Birthplace England  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth McEAVOY  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) .....  
(b) Date of occurrence .....

16. (a) Informant Mildred Rehies  
(b) Address 2625 Oregon Ave.  
17. (a) Burial, cremation, or removal Burial (b) Date thereof April 30  
(Month) (Day) (Year)  
(c) Place: burial or cremation Forrest Lawn Mausoleum

(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) Means of injury .....

18. (a) Signature of funeral director J. F. Bredeck  
(b) Address 2906 Gravois Ave.  
19. (a) APR 25 1945 (Date received local registrar)  
J. F. Bredeck (Registrar's signature)

23. Signature Joseph J. Miller (M. D. or dentist)  
Address 3720 Washington Date signed 4/24/45

Duration  
9yr +  
9yr +  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

*David Van Fossen*

Licensed Embalmer No. *4242*

P. O. Address *2906 Geavoice*

**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.**