

FILED APR 5 1946

318

1003

2977

Registration District No.

Primary Registration District No.

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:
3022 a Iowa ave.
(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 Suda Sims

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

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

6. (b) Name of husband or wife Charles L. Sims 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased January 6 1874
(Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 23 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business

12. Name James Foster

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

14. Maiden name Mary Lowery

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

16. (a) Informant Charles L. Sims

(b) Address 3022 a Iowa ave.

17. (a) Burial (b) Date thereof April 1, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
(b) Address 7814 S. Broadway St. Louis, Mo.

19. (a) MAR 29 1946 (b) J. J. Budeck
(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. 3022 a Iowa ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1946 hour 6 minute 5 A M.

21. I hereby certify that I attended the deceased from 5-6- 1937 to 3-29 1946
that I last saw h. alive on 1-5- 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____

coronary thrombosis 1 day

Due to diabetes mellitus 7 years

Chr. Parenchymatous nephritis 7 yr

Due to arterio-sclerotic 7 yr

and hypertension 7 yr

Other conditions central hemorrhage 1 yr

(Include pregnancy within 3 months of death) & hemiplegia

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)

(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 _____

23. Signature W. R. Gumm (M. D. or other) MD

Address 2227 S. Broadway Date signed 3-29-46

2227 S. Blumery

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

*Harry J. Schumacher*Licensed Embalmer No. *2679*

P. O. Address

7814 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.