

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 G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 23 days
In this community _____
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3834 Page
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louis Sims

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

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

6. (b) Name of husband or wife Fannie Simms 6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased July 7, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 10 22 10 hr. 35 min.

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

10. Usual occupation Janitor

11. Industry or business Apartment houses

MOTHER FATHER } 12. Name Vincent Sims

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

14. Maiden name Mary Eliza Drew

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

16. (a) Informant Vincent Halliburton
(b) Address Alton, Illinois

17. (a) Removal (b) Date thereof 6/2/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood Cem-Alton, Ill.

18. (a) Signature of funeral director Russell Und., Co.

(b) Address 2732 Pine Street

19. (a) 1003 (b) J. F. Bruders
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1946 hour 10 minute 35 A. M.

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

Immediate cause of death Carcinoma of Esophagus with Broncho pleural Fistula

Duration Undet.

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy No

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 _____

3. Signature J. F. Bruders (M. D. or other) 6/1/46
Address 2601 N Whittier Date signed _____

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

17789

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

Joel Russell
Licensed Embalmer No. *4112*
P. O. Address *St Louis*

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.