

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6229

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day; 5 hrs
In this community 50 yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Nellie Simms

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

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

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

7. Birth date of deceased March 11, 1871
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 0 If less than one day 16 hr. 30 min.

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

10. Usual occupation Nil

11. Industry or business _____

12. Name Cyrus Howard

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

14. Maiden name Ellen Hamilton

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

16. (a) Informant Florence Russell

(b) Address 816 So. Third Street

17. (a) Removal (b) Date thereof 7/15/46
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Russell Ind. Co.

(b) Address 2732 Pine Street

19. (a) Jul 15 1946 (b) J. P. Bredek
(This certificate must be signed by the Registrar) (Registrar's signature)

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. 311 Gratiot
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1946 hour 4 minute 30 PM.

21. I hereby certify that I attended the deceased from July 10, 1946 to July 11, 1946
that I last saw her alive on July 11, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Arteriosclerotic Heart Disease with
Cerebral Apoplexy Unk

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy As above

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 _____

23. Signature J. P. Bredek (M. D. or other) _____

Address 2601 N Whittier St Date signed 7-15-46

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.....

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.