S. No. 2
(—1/47
, 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 4 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29525

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 2079

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 day (Specify whether In this community 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County oac
(c) City or town St Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 2741 Dickson (If rural, give location) 21 9
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Susie Sims
3. (b) If veteran, name war -
3. (c) Social Security No. -

4. Sex Female
5. Color or race Col
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 26 (Day) 1868 (Year)

8. AGE: Years 78 | Months 7 | Days 27 | If less than one day hr. min.

9. Birthplace Jackson (City, town, or county) Tenn (State or foreign country)
10. Usual occupation Nil
11. Industry or business
FATHER
12. Name Manard Sims
13. Birthplace Mask (City, town, or county) S.C. (State or foreign country)
MOTHER
14. Maiden name Salena unk
15. Birthplace unk (City, town, or county) Miss (State or foreign country)
16. (a) Informant Ben Sims
(b) Address 2741 Dickson St
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 8-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood
18. (a) Signature of funeral director J W Randle & Son
(b) Address 3133 Bell Ave
19. (a) AUG 26 1947 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23 year 1947 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from August 22, 1947 to August 23, 1947 that I last saw her alive on August 23, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Intestinal Obstruction	Unk
Due to: Strangulated Rt Femoral Hernia	Unk
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: Same as Above	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 5
23. Signature J M Whittico (M. D. or other)
Address 2601 N Whittier St Date signed 8-25-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 J. L. Latour

Licensed Embalmer No. 269

P. O. Address 2769 Shoreline Ave

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.