No. 2
1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 22 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40187

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 10203

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: Infirmary Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12/18/44 To 11/3/47 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 000 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES SIMMS
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 2
5. Color or race Col.
6. (a) Single, widowed, married, divorced Widower 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 7 (Day) 1866 (Year)

8. AGE: Years 81 | Months 5 | Days 26 | If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Nil
11. Industry or business
MOTHER FATHER
12. Name Bennie Simms 0
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Nellie ?
15. Birthplace Missouri (City, town, or county) (State or foreign country) 0
16. (a) Informant City Infirmary Records
(b) Address 5800 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood
18. (a) Signature of funeral director Bernice Lowe
(b) Address 3103 Washington
19. (a) NOV 6 1947 (Date received local registrar) (b) J. F. Bruce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3 year 1947 hour 4 minute 25 PM.
21. I hereby certify that I attended the deceased from July 1, 1947 to Nov. 3, 1947 that I last saw him alive on Nov. 3, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary embolus, atelectasis and multiple abscesses, left upper lobe	
Due to Cause of abscesses not known	
Arteriolar nephrosclerosis	
Due to necrotizing cystitis	
Other conditions (include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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
Signature Warren C. Lewis (M. D. ~~or other~~)
Address 5600 Arsenal Date signed 11-5-47

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

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.

No Embalming

Signed .....

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.