

FILED DEC 31 1947
Registration District No. **317**

Primary Registration District No. **607E 3065**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Glendale**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
813 E. Essex Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **31 years** (Specify whether years, months or days)
In this community **31 years**

3. (a) PRINT FULL NAME **Lewis F. Sims**

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

4. Sex **Male** 5. Color or race **White** 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 **July 12 1884**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 5 12 hr. min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Fireman**

11. Industry or business _____
12. Name **Unknown**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **John F. O'Laughlin**
(b) Address **813 E. Essex Ave., Glendale**
17. (a) **Burial** (b) Date thereof **12-27-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Cath. Home**

18. (a) Signature of funeral director **Louis H. Bopp, Inc.**
(b) Address **131 W. Argonne Dr., Kirkwood**
19. (a) **12-26-47** (b) **George H. Bopp, M.D.**
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Glendale**
(If outside city or town limits, write "RURAL")
(d) Street No. **813 E. Essex 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 **December** day **24**
year **1947** hour **940** minute **2** M.

21. I hereby certify that I attended the deceased from **June 12/47** to **12/24** 1947
that I last saw him alive on **12/24** 1947
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the pharynx** Duration **6 mo**
Due to **458**

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

Major findings: **Carcinoma of throat (pharyngeal tissues)**
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? (Specify type of place) _____
While at work? (e) Means of injury _____

23. Signature **D. A. Leslie, M.D.** (M. D. or other) **MD**
Address **Kirkwood, Mo** Date signed **12/24/47**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

MAR 8 1948

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 _____

Peter B. DuBois

Licensed Embalmer No. _____

3691

P. O. Address _____

Richmond Heights, Mo

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.