

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10676
2501

Registration District No. 318

Primary Registration District No. _____

Registrar's No. _____

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. Philips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community about 27 yrs
years, months or days (Specify whether)

3. (a) PRINTED FULL NAME JOHNIE MAY 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 Married
6. (b) Name of husband or wife See O. Sims 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased oct 17 - 1911
(Month) (Day) (Year)

8. AGE: 36 Years 4 Months 21 Days If less than one day
hr. _____ min. _____

9. Birthplace Meridian Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Mile

11. Industry or business _____

MOTHER FATHER { 12. Name John Worthington
13. Birthplace Tombura Miss
(City, town, or county) (State or foreign country)
14. Maiden name Luna Dillard
15. Birthplace Chato Ala.
(City, town, or county) (State or foreign country)

16. (a) Informant John Worthington
(b) Address 2516 Jeffersville
17. (a) Burial (b) Date thereof 3-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director G. P. Richards
(b) Address 2625 Glasgow
19. (a) MAR 12 1948 (b) J. P. Braddock
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 708 No Ewing 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 8
year 1948 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Due to _____
Due to _____

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

Major findings:
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? _____

While at work? _____ (Specify type of place) (a) Means of injury 3
23. Signature Edith Perry (M. D. or other) _____
Address Jeffersville Date signed 3/14/48

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

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. 2928,
working under my personal supervision.

Signed W. F. Richardson
Licensed Embalmer No. City
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.