

S. No. 300  
DM-10-47  
rev. 5-17-39  
I 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED MAR 30 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10995  
State File No. \_\_\_\_\_  
Registrar's No. 253

Registration District No. 312

Primary Registration District No. 3064

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Ferguson  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
19 Lee Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 20 years years, months or days)

3. (a) PRINT FULL NAME Percy B. Sims

3. (b) If veteran, name war World War I

3. (c) Social Security No. 489-01-6020

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mildred I. Sims

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Nov. 12 1895  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

51	4	7	hr. min.
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9. Birthplace Sturgeon Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Wire Chief

11. Industry or business Western Union

MOTHER FATHER {

12. Name Walter B. Sims

13. Birthplace Missouri (State or foreign country)

14. Maiden name Wm. Egston

15. Birthplace Missouri (State or foreign country)

16. (a) Informant Mildred I. Sims

(b) Address Ferguson, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/48  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetery

18. (a) Signature of funeral director White Funeral Home

(b) Address Ferguson, Missouri

19. (a) 3-22-48 (Date received local registrar) (b) Beulah Sharp (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Ferguson  
(If outside city or town limits, write "RURAL")

(d) Street No. 19 Lee Avenue  
(If rural, give location)

(e) Citizen of foreign country? --- (Yes or No)  
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19  
year 1948 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 1940 to March 19 1948  
that I last saw him alive on Mar 19 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonic Valvular Insufficiency

Duration Eyes

Due to 92d

Due to \_\_\_\_\_

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to 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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury Li

23. Signature Chies Schmidt (M.D. or other) P.O.  
Address 120 S. Flannan Blvd. Date signed 3/24/48

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

96  
6  
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MAR 26 1948

MAR 30 1948

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**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.....

*D. S. White*

Licensed Embalmer No. *3973*

P. O. Address.....

*Jerguson, 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.**