

FILED FEB 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6697**
1385
Registrar's No. _____

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmiry Hospital		d. STREET ADDRESS (If rural, give location) 1116 a N. Jefferson Ave.	

3. NAME OF DECEASED (Type or Print) Charlie Sims a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH 2 11 49 (Month) (Day) (Year)		
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 10-7-1888	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 5 Days 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Columbus Miss		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frank Sims	13b. MOTHER'S MAIDEN NAME Baraba Ann ?	14. NAME OF HUSBAND OR WIFE Widower
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or date of service) 426-24-0568	17. INFORMANT'S SIGNATURE OR NAME Benjamin Sims	ADDRESS 1116 a N. Jefferson Ave.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malnutrition		6 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Organic Psychosis DUE TO (c) Diabetes Mellitus		6 months years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **July 7**, 19**49**, to **2/11**, 19**49**, that I last saw the deceased alive on **2/11**, 19**49**, and that death occurred at **11:25 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Cletus L. Krag, M.D.	23b. ADDRESS 5600 Arsenal St St. Louis	23c. DATE SIGNED 12 Feb 49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-16-49	24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
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DATE RECD. BY LOCAL REGISTRAR'S SIGNATURE FEB 1 1949 J. B. Laster	25. FUNERAL DIRECTOR'S SIGNATURE Ellis Fun, Home	ADDRESS 2820 Stoddard St
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WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Signed Fulton E. Culkin.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4198.....

P. O. Address St. Louis 13.2.....

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.