

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10655
2196

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY <i>Mad</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1229 N. Ninth Street		d. STREET ADDRESS (If rural, give location) 1229 N. Ninth Street <i>0</i>	

3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) Sims c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 3 7 1949		
5. SEX <i>2</i> Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 1-27-1876		9. AGE (In years last birthday) 73		10. UNDER 1 YEAR Months Days	
11. UNDER 1 YEAR Hours Min.		11. BIRTHPLACE (State or foreign country) Memphis, Tenn. <i>1</i>		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day laborer		10b. KIND OF BUSINESS OR INDUSTRY			

13a. FATHER'S NAME William Sims		13b. MOTHER'S MAIDEN NAME Mollie Hill		14. NAME OF HUSBAND OR WIFE Magnolia Sims	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498-10-9420		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Magnolia Sims 1229 N. Ninth St.	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration				INTERVAL BETWEEN ONSET AND DEATH 3 mos.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>930</i> DUE TO (c) <i>420</i>					
		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 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 WORK <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 2-15-1949, to 3-7-1949, that I last saw the deceased alive on 3-7-1949, and that death occurred at 10:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE J.C. Sherard, M.D.		(Degree or title) (U23b. ADDRESS 2702a 77th St. KILIN		23c. DATE SIGNED 3-7-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-10-49		24c. NAME OF CEMETERY OR CREMATORY Oakwood - Alton, Ill.		24d. LOCATION (City, town, or county) (State) Alton, Illinois	
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DATE REC'D BY LOCAL REG. MAR 9 1949		REGISTRAR'S SIGNATURE J. B. Laster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Russell Und., Co. 2732 Pine Blvd.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

Student Embalmer No. 272

working under my personal supervision.

Signed William M. Brown
Student Embalmer

Signed

Joel Russell

Licensed Embalmer No. 4112

P. O. Address St. Louis

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.