

FILED FEB 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1314

6656

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1000 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 _____

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 2259

d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital

25 STREET ADDRESS (If rural, give location) 1104a Ogden St

3. NAME OF DECEASED
a. (First) Will b. (Middle) _____ c. (Last) Sims

4. DATE OF DEATH (Month) (Day) (Year)
Feb. 4 1951

5. SEX Male

6. COLOR OR RACE Col.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated

8. DATE OF BIRTH 12-21-1896

9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.)
54

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Labor

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) New Orleans La

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Richard Sims

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Richard Sims

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. 348-16-5500

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Willard Sims 1104a Ogden St.

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Miliary Tuberculosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Undetermined
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
None

INTERVAL BETWEEN ONSET AND DEATH
Undet.

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY?
YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
019:0

22. I hereby certify that I attended the deceased from 1-16-51, 1951, to 2-4, 1951, that I last saw the deceased alive on 2-4, 1951, and that death occurred at 9:30 a., from the causes and on the date stated above.

23a. SIGNATURE Lorena W Harris (Degree or title) _____

23b. ADDRESS 2601 N Whittier St

23c. DATE SIGNED 2-5-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2-10-51

24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery

24d. LOCATION (City, town, or county) (State) St Louis Mo. Mo

DATE REC'D BY LOCAL REG. EB 9 1951

REGISTRAR'S SIGNATURE J B Lanter

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
GUS Lowe 2930 Dickson St.

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 _____

X _____, Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Leroy E. Jannister

Licensed Embalmer No. 4523

P. O. Address 3880 Epton Ave

[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.