

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30424**
Registrar's No. **7664**

FILED AUG 31 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois		b. COUNTY St. Clair			
b. CITY (If outside corporate limits, write RURAL and give town or township) ST. LOUIS, MISSOURI		c. LENGTH OF STAY (In this place) 2 months		c. CITY OR TOWN East St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		• STREET ADDRESS (If rural, give location) 1212 Kansas Avenue		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) Freddie			b. (Middle) Mack				
c. (Last) Sims			4. DATE OF DEATH (Month) (Day) (Year) 8 4 53				
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH Jan. 23, 1930		9. AGE (In years last birthday) 23		IF UNDER 1 YEAR Days 6 IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher		10b. KIND OF BUSINESS OR INDUSTRY HUNTER PKG. CO.		11. BIRTHPLACE (City and State or Foreign Country) East St. Louis, Ill., /			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Ivey James Sims		13b. MOTHER'S MAIDEN NAME Allie Mae Coleman			
14. NAME OF HUSBAND OR WIFE Julia Mae Sims		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no			
17. INFORMANT'S SIGNATURE OR NAME		ADDRESS 1212 Kansas					
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) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Disseminated lupus erythematosus DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 wk. several y years duration	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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) 456X			
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?			
22. I hereby certify that I attended the deceased from 6 - 8 , 1953, to 8 - 4 , 1953, that I last saw the deceased alive on 8 - 4 , 1953, and that death occurred at 12:55am. , from the causes and on the date stated above.							
23a. SIGNATURE <i>C. J. Mack</i> (Degree or title) M. D.		23b. ADDRESS Barnes Hospital		23c. DATE SIGNED 8/4/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug-5-53		24c. NAME OF CEMETERY OR CREMATORY Booker Washington			
24d. LOCATION (City, town, or county) (State) East St. Louis, Illinois		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>C. J. Mack</i> 3847					
DATE REC'D BY LOCAL REG. AUG 5 1953		REGISTRAR'S SIGNATURE <i>Paul Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>C. J. Mack</i> 3847			

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..

Student.....
Signature of Student Embalmer

Signed *C. J. Nash*.....

Licensed Embalmer No. *243*

P. O. Address *3847 Pa*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.