

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34067**  
**8689**

FILED **SEP 24 1953**

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 <b>Missouri</b> b. COUNTY <b>2079</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis, 0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital # 1</b>		d. STREET ADDRESS (If rural, give location) <b>7 5522 Emerson Avenue, 20,</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>EMMA</b>		b. (Middle)	
		c. (Last) <b>SIMS</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>September 4th, 1953</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 24th, 1884</b>
9. AGE (In years last birthday) <b>68</b>		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Roland Kiehling</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Stocks</b>	
		14. NAME OF HUSBAND OR WIFE <b>Calvin K. Sims</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
		17. INFORMANT'S SIGNATURE OR NAME <b>Harry J. Sims, 5522 Emerson Avenue, 20</b>	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fracture of left hip,</b> ANTECEDENT CAUSES <b>Arteriosclerosis when she free off commode in her home Aug. 24, 1953 about 4:00 A.M. Accident</b> DUE TO (b) <b>Arteriosclerosis when she free off commode in her home Aug. 24, 1953 about 4:00 A.M. Accident</b> DUE TO (c) <b>Arteriosclerosis when she free off commode in her home Aug. 24, 1953 about 4:00 A.M. Accident</b> 2. OTHER SIGNIFICANT CONDITIONS <b>Arteriosclerosis when she free off commode in her home Aug. 24, 1953 about 4:00 A.M. Accident</b> 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"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo. Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>8/24/53 4:00 A.M.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
		21f. HOW DID INJURY OCCUR? <b>See above E 902.0</b>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>4:00 A.M.</b> , from the causes and on the date stated above. <b>21</b>			
23. SIGNATURE <b>Walter Henry Royal</b> (Degree or title) <b>3</b>		23b. ADDRESS <b>1300 Clark</b>	
		23c. DATE SIGNED <b>9/8/53</b>	
24a. BURY OR CREMATION REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>9/8/53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>St. Pauls Churchyard</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>SEP 8 1953</b>		REGISTRAR'S SIGNATURE <b>Charles Smith</b>	
		25. FUNERAL DIRECTOR'S SIGNATURE <b>CALVIN F. FEUTZ</b> ADDRESS <b>4828 Natural Bridge Blvd. FUNERAL HOME, INC.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

47123

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 .....  
Student Embalmer

Signed John A. Mlener

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.