

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13900

FILED APR 27 1955

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2023	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS MO		c. LENGTH OF STAY (in this place) 1 MO		c. CITY OR TOWN ST. LOUIS MO		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CHILDREN'S				STREET ADDRESS (If rural, give location) 11040 IVAN			
3. NAME OF DECEASED (Type or Print) RICHARD FRANKLIN SIMS				4. DATE OF DEATH (Month) (Day) (Year) 3-3-55			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH 3-3-55	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 15		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MO	
13a. FATHER'S NAME JOHN H. SIMS				13b. MOTHER'S MAIDEN NAME GERTRUDE FUEGE		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME J. EGAN		ADDRESS 500 S. KINGSHALL	
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) Cons. heart disease mitral and aortic atresias ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 7544			
22. I hereby certify that I attended the deceased from 1-29-1955 , to 3-3-1955 , that I last saw the deceased alive on 3-3-1955 , and that death occurred at 6:33 AM , from the causes and on the date stated above.							
23a. SIGNATURE Dr. L. H. Smith (Degree or title) MD				23b. ADDRESS Childrens Hosp. - St. P. Mo		23c. DATE SIGNED 3-3-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-5-55		24c. NAME OF CEMETERY OR CREMATORY MT CEBANDY CEM.		24d. LOCATION (City, town, or county) (State) ST LOUIS, MO.	
DATE REC'D BY LOCAL REG. MAR 4 1955		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ORTMAN F. Home OVERLAND MO ADDRESS _____			

S.P. (Licensed Embalmer's Statement on Reverse Side)

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..

Student.....
Signature of Student Embalmer

Signed *Al C Ostmann*.....

Licensed Embalmer No...342...

P. O. Address

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.