

XC # 1810 16 72

REG # 16410

SL # 965

FILED JUN 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

State File No. 22128

Registrar's No. 5298

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 township) 915 N. GRAND, ST. LOUIS, MO.		c. CITY OR TOWN EAST ST. LOUIS d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY in this place 12 DAYS		e. STREET ADDRESS (If rural, give location) 1212 Kansas 8120 S	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP			
3. NAME OF DECEASED a. (First) JOHN (Type or Print)		b. (Middle) D c. (Last) SIMS	
4. DATE OF DEATH 5-29-56			
5. SEX 2 MALE		6. COLOR OR RACE NEGRO	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 2-24-27	
9. AGE (In years last birthday) 29		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT		10b. KIND OF BUSINESS OR INDUSTRY CENTRAL STATE COLLEGE EAST ST. LOUIS, ILLINOIS	
11. BIRTHPLACE (City and State or Foreign Country) USA		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME IRA SIMS		13b. MOTHER'S MAIDEN NAME ALLEE COLEMAN	
14. NAME OF HUSBAND OR WIFE TENOBIA SIMS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES KOREAN		16. SOCIAL SECURITY NO. 350-14-3545	
17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI		ADDRESS	
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach with widespread metastasis ANTECEDENT CAUSES Morbid 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.		INTERVAL BETWEEN ONSET AND DEATH ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 151X	
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)		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 5-17-56, 19__, to 5-29-56, 19__, and that death occurred at 8:40 P.m., from the causes and on the date stated above.			
23a. SIGNATURE W. K. Fitzpatrick		23b. ADDRESS M. D. VAH, ST. LOUIS, MISSOURI	
23c. DATE SIGNED 5-30-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE June 1st, 1956	
24c. NAME OF CEMETERY OR CREMATORY BOOKER WASHINGTON		24d. LOCATION (City, town, or county) (State) East St. Louis, Ill.	
DATE REC'D BY LOCAL REG. JUN 2 1956		REGISTRAR'S SIGNATURE J. Carl Smith - md	
25. GENERAL DIRECTOR'S SIGNATURE Carl Nash		ADDRESS 111 N. 13th St.	

(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.....*C. J. Nash*.....

Licensed Embalmer No. *2432*

P. O. Address *3847 Page*

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.