

FILED JUL 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25641

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1630

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY OR TOWN <u>Robison</u>		c. CITY OR TOWN <u>St. Louis</u>	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) <u>1 yr</u>		e. STREET ADDRESS (If rural, give location) <u>1510 Tellingwell 2201</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>312 Woodlawn Ave</u>			

3. NAME OF DECEASED a. (First) <u>Magnola</u>		b. (Middle) _____		c. (Last) <u>SIMS</u>		4. DATE OF DEATH (Month) <u>7</u> (Day) <u>2</u> (Year) <u>56</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>12-10-1892</u>		9. AGE (In years last birthday) <u>64</u> If under 1 year: Months <u>4</u> Days <u>2</u> If under 12 hrs: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Paperfactory</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ark-1</u>		12. CITIZEN OF WHAT COUNTRY? <u>US 2</u>	

13a. FATHER'S NAME <u>Arthur Bean</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>Unk.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Fletcher Bean</u> ADDRESS <u>1510 Tellingwell</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) <u>Hypertensive cardiomegaly</u> <u>6 months</u>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 type="checkbox"/> NO <input checked="" 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) <u>4201</u> (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 Feb 8, 1956 to Feb 2, 1956, that I last saw the deceased alive on Jan 30, 1956, and that death occurred at 11:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Cartha Williams M.D.</u> (Degree or title)		23b. ADDRESS <u>4332 E. Astor</u>		23c. DATE SIGNED <u>7-2-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-6-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>Berkeley City MO.</u>	
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DATE REC'D BY LOCAL REG. <u>7-5-56</u>		REGISTRAR'S SIGNATURE <u>Herbert K. Tomke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm Boyd</u> ADDRESS <u>Home 3704 Fenney</u>	
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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..... *H. Claude Gordon*

Licensed Embalmer No. *348*

P. O. Address *45 75 Old*

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.