

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 27 1957

318

1003

STATE FILE NUMBER

11091

2247

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY #1			Length of stay in lb 6 days	d. STREET ADDRESS 2208 N. 10th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First SAM Middle A. Last SIMS				4. DATE OF DEATH Month MARCH Day 4 Year 1957			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 24, 1883		9. AGE (In years last birthday) 84	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millwright		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Randolph, Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Harve Sims				14. MOTHER'S MAIDEN NAME Louise			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 498-10-7509		17. INFORMANT Address Lena Sims, 2208 No. 10th St.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) aspiration of blood from gi. hemorrhage location undetermined - ? secondary to carcinoma DUE TO (c) see PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) RSD, generalized arteriosclerosis, pulm. emphysema.							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour 8:45 Month 5 Day 7 Year 1957 a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 2-26-57 to 3-4-57 and last saw ^{her} him alive on 3-4-57 Death occurred at 8:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Stanley S. Smith, M.D.				22b. ADDRESS 1515 Lafayette		22c. DATE SIGNED 3-5-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-7-57		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
24. FUNERAL DIRECTOR ADDRESS Stroot-Carroll Funeral Home, 4600 Natural Bridge				25. DATE RECD. BY LOCAL REG. MAR 6 '57		25. REGISTRAR'S SIGNATURE Carl Smith M.D. mgo	

MISSOURI

x

St. Louis

X

St. Louis

2208 N. 10th St.

2208 N. 10th St.

1921

18

Feb. 24, 1883

X

St. Louis

St. Louis

U.S.

St. Louis, Missouri

St. Louis

St. Louis

St. Louis

2208 N. 10th St. 2208 N. 10th St. 2208 N. 10th St.

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. 486

working under my personal supervision.

Student
Signature of Student Embalmer

Signed *M. W. Ruethe*

Licensed Embalmer No.

P. O. Address *St. Louis*

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.

2208 N. 10th St. 2208 N. 10th St. 2208 N. 10th St.