

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-017342

EILED VS MAY 6 1960

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 4460**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Length of stay in 1b		c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes ☐ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. # 1		Inside Limits Yes ☐ No ☐		d. STREET ADDRESS (If outside, give location) <i>1901 Carr</i>		Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First JIM Middle J Last SIMS				4. DATE OF DEATH Month April Day 23 Year 1960			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐		8. DATE OF BIRTH <i>10-14-1892</i>	9. AGE (last birthday) <i>67</i>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>		11. BIRTHPLACE (City and state or country) <i>Miss.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Unknown</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Emily Sims</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>unknown</i>		17. INFORMANT <i>James Phillips</i> Address <i>3044 Thomas</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Ca Pulmonale</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Chronic Lung Disease</i> DUE TO (c) <i>Carcinoma of Prostate</i>						INTERVAL BETWEEN ONSET AND DEATH <i>177 X</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ N. ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		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 April 20th, 1960 to April 23, 1960 and last saw her alive on April 23, 1960 Death occurred at 8:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>R. P. Orank Jr., M.D.</i>				22b. ADDRESS 1515 LAFAYETTE AVENUE		22c. DATE SIGNED 4-23-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE 4-29-60	23c. NAME OF CEMETERY OR CREMATORY <i>Father-Mickson Cem</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo.</i>			
24. FUNERAL DIRECTOR <i>McClain</i>		ADDRESS <i>2812 Cass Ave.</i>		25. DATE RECD. BY LOCAL REG. APR 26 1960		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Hallace R. Williams

Licensed Embalmer No. 4926

5135 Satus Ave
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.