

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-024976

FILED VS. JUN 29 1960

318

1003

5438

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Homer G. Hosptial		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Wellston	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		d. STREET ADDRESS (If outside, give location) 6233b Suburban Ave.	
3. NAME OF DECEASED (Type or print) First Leroy Middle Elton Last Sims		4. DATE OF DEATH Month 5 Day 22 Year 60	
5. SEX Male	6. COLOR OR RACE Negro	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 7-2-1910
9. AGE (last birthday) 49		IF UNDER 1 YEAR Months 49 Days 49	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Machines	
11. BIRTHPLACE (City and state or country) St. Louis		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Elton Sims		13b. MOTHER'S MAIDEN NAME Ethel	
14. NAME OF HUSBAND OR WIFE Rosie Lee Sims		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 500-18-5055		17. INFORMANT Rosie Lee Sims	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrest; CONTRIB: Penetrating Stabwound of Abdomen; sufferend when stabbed with knife in the hands of one Rosie Lee Sims, wife of the deceased, in front of about 1268 Hodiament Ave., about 12:48 A.M., May 22nd, 1960.		INTERVAL BETWEEN ONSET AND DEATH 982x	
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 ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ Justifiable Homicide	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See Above	
20c. TIME OF INJURY Hour 12:48 a.m. 12:48 p.m. 12:48 Month, Day, Year 5-22-60	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.) On street	20f. CITY, TOWN, OR LOCATION St. Louis, Mo.
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____. Death occurred at 6:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS 1300 e. 1st	
22c. DATE SIGNED 5-25-60		23a. NAME OF CEMETERY OR CREMATORY Greenwood Cem.	
23b. LOCATION (City, town, or county) St. Louis Co. Mo.		23c. DATE 5-28-1960	
23d. FUNERAL DIRECTOR Williams Funeral. 914 N Sarah		25. DATE RECD. BY LOCAL REG. MAY 25 1960	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		27. ADDRESS Williams Funeral. 914 N Sarah	

(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 Leroy W. Linnister

Licensed Embalmer No. 4523

P. O. Address 4251 W. 1st

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.