

MOURNMENT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4777

61-019475

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

c. CITY
OR
TOWN St. Louis

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Homer G. Phillips Hosp.

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
4803 Cote-Brilliante

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First

Robert

Middle

Lee

Last

Sims

4. DATE
OF
DEATH

Month
May

Day
16,

Year
1961

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-27-1940

9. AGE (last birthday)

21

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Vicksburg, Mississippi

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

James Sims

13b. MOTHER'S MAIDEN NAME

Osee Davis

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, go, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Osee Sims

Address

4803 Cote-Brilliante Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hemorrhagic Shock; Contrib: Penetrating stabwounds of chest severing the intercostal arteries and

Conditions, if any, which gave rise to above cause (e), stating the underlying cause last.

DUE TO (b)

penetrating the lungs; suffered when

DUE TO (c)

Jodie Verner (col.) in altercation

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

in vicinity of 1012 N. Newstead about 4:05 p.m.

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

Excusable Homicide

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

982x

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 _____ to _____ and last saw her alive on _____.
Death occurred at _____ m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

5-22-61

23c. NAME OF CEMETERY OR CREMATORY

Washington Park Cem.

23d. LOCATION (City, town, or county)

St. Louis County, Mo.,

(State)

24. FUNERAL DIRECTOR

ADDRESS

G. Wade Granberry

4202 Finney Ave.

25. DATE RECD. BY LOCAL REG.

MAY 20 1961

26. REGISTRAR'S SIGNATURE

Roan Smith, M.D.

DATE AMENDED

INSTEAD OF

SHOULD READ

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Ave.

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.