FILED AUG 11 1942

No. 2
9-4-41
17-39
X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23124

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6407

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer Phillips Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)
In this community 14 years

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 9 24
(If outside city or town limits, write "RURAL")

(d) Street No. 1824 Carr
(If rural, give location)

(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Simms

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 15, 1884
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	4	1	hr. min.

9. Birthplace Ark. 1
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Laborer

FATHER
12. Name Sye Simms
13. Birthplace N. C. 1
(City, town, or country) (State or foreign country)

MOTHER
14. Maiden name Lizzie Minnes
15. Birthplace Ga. 1
(City, town, or country) (State or foreign country)

16. (a) Informant Shirley M. Smith
(b) Address 2601 N. Whittier 8-8-42

17. (a) ~~Burial, cremation, or removal~~ (b) Date thereof
(Month) (Day) (Year)
(c) Place: burial or cremation East St. Louis

18. (a) Signature of funeral director ~~Thomas Funeral Home~~
(b) Address ~~234 Sheridan 3500 Rutger~~

19. (a) ~~JUL 30 1942~~ (b) S. F. Bredeck
(Date received local registrar) (Registrar's signature)

8-7-42 844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16, year 1942 hour 2 minute 40 P.M.

21. I hereby certify that I attended the deceased from July 8, 1942 to July 16, 1942 that I last saw h. im alive on July 16, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease with Hypertension.	Unk.
Due to Auricular Fibrillation	Unk.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature S. E. Smith (M. D. or other)

Address 2601 Whittier Date signed 7/20/42

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23124

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6407

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Simms
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race B
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar (Month) 15 (Day) 1884 (Year)
8. AGE: Years 58 Months 4 Days If less than one day hr. min.
9. Birthplace (City, town, or county) Ark (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof 8-8-42 (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) SEP 4 1942 (Date received local registrar) (b) J. F. Bruck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 16 year 1942 hour 12 minute 40 P.M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY