

Registration District No. **318**

Primary Registration District No. **1003**

1066
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Homer G. Phillips Hospital
(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)

3. (a) PRINT FULL NAME America T. Simms

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased January 1st. 1854
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>11</u>	<u>18</u>hr.min.

9. Birthplace Americus Georgia
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Unavailable

13. Birthplace II 9/18
(City, town, or county) (State or foreign country)

14. Maiden name II 9

15. Birthplace II 9
(City, town, or county) (State or foreign country)

16. (a) Informant Ernestine T. Simms

(b) Address 4133 Cook Ave.

17. (a) Removal (b) Date thereof 12-22-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chicago, Illinois

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Ave.

19. (a) DEC 21 1942 (b) J. F. Budzek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 11
(If outside city or town limits, write "RURAL")

(d) Street No. 4133 Cook Ave.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19
year 1942 hour 1:35 minute A. M.

21. I hereby certify that I attended the deceased from _____
_____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Duration
fracture of left femur, suffered
when he tumbled from the
bedroom of his home
at 4133 Cook Ave. Dec 5th.
1942 about 6:00 P.M.

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) Accident

(b) Date of occurrence Dec 5th 1942

(c) Where did injury occur? at home 000
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
1 room

While at work? no (Specify type of place) (b) Means of injury falls

23. Signature Thomas F. Callanan (M.D. or other) _____

Address 1300 E. 24th St. St. Louis Date signed 12-21-42

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.....

..... William C. McDowell, Registered Apprentice No.....
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No..... 2117

P. O. Address..... 1711 N. Taylor 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 this body is not embalmed, fact should be so stated above.