

FILED MAR 3 1945
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1513**

1. PLACE OF DEATH:

(a) County _____

(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
(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 15yrs

3. (a) PRINT FULL NAME Jossie Simms

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female } 5. Color or race Colored

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

6. (b) Name of husband or wife Green Simms

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May 22 1900
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>44</u>	<u>8</u>	<u>18</u>	hr. _____ min. _____

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

10. Usual occupation Housework

11. Industry or business at home

12. Name Moses Billingsly

13. Birthplace ? Ark.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Aminda Carr. (Daughter)

(b) Address 1301a Carr Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-45
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Peoples Und. Co.

(b) Address 3100 Franklin Avenue (6)

19. (a) FEB 15 1945 (Date received local registrar) (b) J. F. Medeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 020
17

(c) City or town St. Louis (6) 0 25
(If outside city or town limits, write "RURAL")

(d) Street No. 1311 N. 14th Street
(If rural, give location)

(e) Citizen of foreign country? 0 No. (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10th
year 1945 hour 11:30 minute P. 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 _____

Cerebral Hemorrhage;

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
-Of operations _____

Of autopsy _____

J. F. Medeck

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Alfred J. Perreault (M. D. or other) 3

Address Deputy Coroner Date signed 2-15-45

Duration _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

06
17
9

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 Jessie H. Pettus
Licensed Embalmer No. 4184
P. O. Address. St. Louis, Mo.

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.