

S. No. 300  
V. 10.48

FILED SEP 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31324

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3058 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> 2119	
c. LENGTH OF STAY (In this place) <u>18 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>3933 Cook</u> ✓	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike County Hospital</u>			
3. NAME OF DECEASED a. (First) <u>ELTON</u> b. (Middle) _____ c. (Last) <u>SIMS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 10, 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 30, 1886</u>	
9. AGE (In years last birthday) <u>64</u>		10. UNDER 1 YEAR Months _____	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Barbering</u>	
13a. FATHER'S NAME <u>Thomas Sims</u>		13b. MOTHER'S MARDEN NAME <u>Unknown</u>	
13c. NAME OF HUSBAND OR WIFE <u>Irene Sims</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-015-885</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Irene Sims</u>		ADDRESS <u>3933 Cook St. 6415, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR _____			
22. I hereby certify that I attended the deceased from <u>9-10</u> , 1950, to <u>9-10</u> , 1950, that I last saw the deceased alive on <u>9-10</u> , 1950, and that death occurred at <u>6:45 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert L. Andrew M.D.</u> (Degree or title)		23b. ADDRESS <u>216 Georgia St. Louisiana, Mo.</u>	
23c. DATE SIGNED <u>9-10-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Sept 11, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Sept 11, 1950</u>		REGISTRAR'S SIGNATURE <u>Bernice Collier</u> 374	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyd Bras</u>		ADDRESS <u>3706 Finney Ave St. Louis, Mo.</u>	

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

820  
0

SEP 18 1950

SEP 26 1950

Date Received:  
DISTRICT HEALTH OFFICE #2  
District File Number 9-56-1-5  
Date Filed: SEP 15 1950

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed George M. Collier

Signed.....  
Student Embalmer

Licensed Embalmer No. 3839

P. O. Address Louisiana, 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.