

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43822**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11680**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. CITY OR TOWN St. Louis, Mo. c. LENGTH OF STAY (in this place) 2 Mo. 24 Days d. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri.	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary		d. STREET ADDRESS (If rural, give location) 19 3863 W Pine Blvd	

3. NAME OF DECEASED (Type or Print) a. (First) Elijah b. (Middle) c. (Last) Sims.	4. DATE OF DEATH (Month) (Day) (Year) 12 18 52
5. SEX Male	6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 30, 1870
9. AGE (In years last birthday) 82 years	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Live Stock Comm. Man
11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John James Sims	13b. MOTHER'S MAIDEN NAME Mary Frances overstreet	14. NAME OF HUSBAND OR WIFE Maude Bedwell Sims.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME City Infirmary Records,	ADDRESS 5800 Arsenal St,
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease Uraemia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arterioelerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 4200

22. I hereby certify that I attended the deceased from **Sep. 24, 1952** to **Dec. 18, 1952** that I last saw the deceased alive on **Dec. 18, 1952**, and that death occurred at **10:20 P.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Palmer Pusine Rowditch M.D.	23b. ADDRESS 5800 Arsenal St	23c. DATE SIGNED 12-19-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) d	24b. DATE Dec. 19, 1952	24c. NAME OF CEMETERY OR CREMATORY Old Lemine Cemetery	24d. LOCATION (City, town, or county) (State) Old Lemine Mo.
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DATE REC'D BY LOCAL REG. DEC 19 1952	REGISTRAR'S SIGNATURE L. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Alexander J. Sma 6175 Nehman	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed jos. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 D. Elmer

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.