URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 15 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8636 STATE FILE NUMBER -60-032870

NDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY St.Clair

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri — Length of stay in 1b 5 Days

c. CITY OR TOWN East St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Peoples Hospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 22 North 22nd St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First EDDIE Middle Last SIMS

4. DATE OF DEATH Month August Day 31, Year 1960

5. SEX Male

6. COLOR OR RACE Negro

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 1/1/1916

9. AGE (last birthday) 44 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Commonwealth

11. BIRTHPLACE (City and state or country) Slaughter, Miss.

12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME MILTON SIMS

13b. MOTHER'S MAIDEN NAME VIRGINIA (UNKNOWN)

14. NAME OF HUSBAND OR WIFE Lula Mae Sims

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Lula Mae Sims, 22 No. 22nd Street, Address E.St.Louis

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH [illegible]

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Metastatic Carcinoma Lung — [illegible]

DUE TO (c) Carcinoma of the Lung — [illegible]

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 156.1

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from [illegible] to [illegible] 31, 1960 and last saw her/him alive on

Death occurred at [illegible] m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [illegible]

22b. ADDRESS [illegible]

22c. DATE SIGNED [illegible]

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Sept. 6, 1960

23c. NAME OF CEMETERY OR CREMATORY Booker Washington

23d. LOCATION (City, town, or county) (State) Centreville Township, Ill.

24. FUNERAL DIRECTOR Marion E. Officer — ADDRESS 2114 Mo. Ave. E. St. Louis, Ill.

25. DATE REC'D. BY LOCAL REG. SEP 3 1960

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Frank Prokopf

Licensed Embalmer No. 4356

P. O. Address St Louis

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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