MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 3441

1. PLACE OF DEATH
County: St Louis
Township: Carondelet
City: (No. 124 Lemay Ferry Rd St. Ward)
Registration District No. 1123
Primary Registration District No. 6243 A
File No.
Registered No. 30

2. FULL NAME: Everett James Kimmin
(a) Residence. No. 124 Lemay Ferry Rd Ward.
(Usual place of abode)
(If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

26 1929 96 0 0

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 7 1928

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER: Geo Kimmin
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER: Katherine Stinger
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo

14. INFORMANT: Geo Kimmin
(Address) 124 Lemay Ferry Rd

15. FILED Jan. 17, 1929 L. C. Elrod M.D., REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 16 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1929, to Jan 16, 1929, that I last saw h. alive on Jan 15, 1929, and that death occurred, on the date stated above, at 3:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia
10 DA
100
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) none
(duration) yrs. mos. ds.

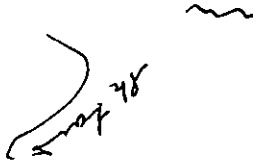
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Dean H. Mowry M.D.
, 19 (Address) 9439 Edgar Ave.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

St Louis Co.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt Olive Cemetery
DATE OF BURIAL: Jan 17, 1929

20. UNDERTAKER: Fendler Mel Co
ADDRESS: 7819 Mich



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