WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

37721

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 10418

City St. Louis, (No. Lutheran Hospital. St. ..... Ward)

2. FULL NAME Phillip Kimm.

(a) Residence, No. 4440 So. Broadway St., 15 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Margaret Kimm.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 15, 1866.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
66	4	9.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchmann

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 2 yrs.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mascoutah, Ills.

FATHER

13. NAME: Jacob Kimm.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alsace Lorraine.

MOTHER

15. MAIDEN NAME: Anna Friederick.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ills.

17. INFORMANT (ADDRESS): Oliver Kimm, 4440 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mascoutah Ills. DATE Nov. 28, 1932.

19. UNDERTAKER (ADDRESS): J. H. Gebken L & U Co. 2842 Meramec St.

20. FILED NOV 25 1932 19 Max C Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1932 to Nov 24, 1932

I last saw him alive on Nov 24, 1932. Death is said to have occurred on the date stated above, at 11:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infarct lower lobe left lung 137 99A	11/18
Obstruction return circulation R leg 131	11/22

Other contributory causes of importance:

Hypertrophy prostate	1 year
auricular fibrillation	Oct 21

Name of operation Transurethral Resection at least Date of 11/8

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Herbert G. L[illegible], M. D.

(Address) 606 Carleton Bldg