

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

Do not use this space.

18491

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **002** File No. ....  
 City **St. Louis** (No. **Missouri**) **Baptist Hospital** Registrar No. **4753** (Ward) .....

**2. FULL NAME**

(a) Residence, No. **2416 North Kings Highway** Ward. **7**  
 (Usual place of abode) .....

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. (F MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mamie Lee Wimboush** (Spaggett))

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 15, 1873**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<b>59</b>	<b>5</b>	<b>15</b>	

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

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

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) **Pennsylvania**

13. NAME **John Wimboush**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

15. MAIDEN NAME **Julia Haskell**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

17. INFORMANT (ADDRESS) **Mrs. William V. Brand**  
**2416 North Kings Highway**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla** DATE **June 2, 1933**

19. UNDERTAKER (ADDRESS) **Math. Hermann & Son**  
**616 East Fair Gul**

20. FILED **MAY 31 1933** 19 **J. H. Bredech** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 30, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **May 24, 1933** to **May 30, 1933**  
 I last saw him alive on **May 20, 1933** Death is said to have occurred on the date stated above, at **7:10 A.M.**  
 The principal cause of death and related causes of importance were as follows:

**Appendicitis**  
**MI B**  
**MI 121**

Other contributory causes of importance:  
**General Sepsis**

Name of operation **Appendectomy** Date of **May 25, 1933**  
 What test confirmed diagnosis **Smear** 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) **Orville Ouellet** M. D.  
 (Address) **208 A Hulemar Ave.**

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.

