

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.

SEP 26 1933

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

Do not use this space.

28204

1. PLACE OF DEATH

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis Mo. (No. Sanitarium) St. Ward

File No.....  
Registered No. 7331

2. FULL NAME

Benjamin J. Wimbush (nee Wimbush)  
(a) Residence, No. 1355 Academy Ave. 23 Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 49 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 Ida L. Wimbush  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20 1860  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 9 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown  
10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown England

FATHER 13. NAME Thomas Wimbush

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Or. Mullins M.D. 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE Bella Springs DATE Aug 26 1933

19. UNDERTAKER (ADDRESS) Shepard Funeral Home 2711 1/2 - 69 Hamilton Ave

20. FILED 1933 25 13 33 J. B. Beck Registrar

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-23 1933  
22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1929, to 8-23, 1933  
I last saw him alive on 8-23, 1933 Death is said to have occurred on the date stated above, at 8:35 p.m.  
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis 10-11-29  
131  
953  
235  
131  
Other contributory causes of importance:  
Chronic Myocarditis 8-1-33  
Ac. Hemorrhagic Nephritis 10-16-29  
Demented Phaeoch 6-20-33  
3-19-19

Name of operation..... Date of.....  
What test confirmed diagnosis? Chloroph. Was there an autopsy? yes

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?.....  
If so, specify.....  
(Signed) Or. Mullins M. D.  
(Address) 5400 Arsenal

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