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.

SEP 16 1935

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

791
1003

Do not use this space.
27762

File No.
Registered No. 6811

1. PLACE OF DEATH

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

2. FULL NAME Henry Gimm.

(a) Residence, No. St. N.R. Ward. Owensville Mo
(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 M
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hulda Gimm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28 - 1858

7. AGE Years 76 Months 8 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Germany

FATHER
13. NAME Charles Gimm
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Louise Mueller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT W. B. Hesse
(ADDRESS) Maplewood, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Owensville Mo DATE 8-11 1935

19. UNDERTAKER Albert H. Hoppe Inc
(ADDRESS) 4293 N. Euclid

20. FILED AUG — 9 1935 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8 1935

22. I HEREBY CERTIFY, That I attended deceased from July 24 1935 to Aug. 8 1935
I last saw him alive on Aug 8 1935 Death is said to have occurred on the date stated above, at 9 15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute nephritis due to prostatic Abscess of testicle - Non T.B. Non Traumatic Non Venereal Cause unknown	Aug 5, 35

Other contributory causes of importance:

Prostatitis caused hypertrophy of prostate	1925
Abscess testicle, left	July 35

Name of operation orchidectomy Date of Aug 3, 35
What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external cause (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) O. Bliemeister, M. D.
(Address) 4500 Delmar St.

B

Dr. V. B. Kenyon