

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH

County ST. LOUIS
Township N. O. R. M. A. N. D. Y.
City PINE LAWN (No. 4717 WILLOWWOOD AVE)

Registration District No. 489
Primary Registration District No. 6033

File No. 17551
Registered No. 109
St. _____ Ward _____

2. FULL NAME CHARLES A. KIMMEL

(a) Residence, No. 4717 WILLOWWOOD AVE St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 15 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF LENA KIMMEL
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29 - 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hr. or _____ min.
58 11 12

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) ST. LOUIS
(STATE OR COUNTRY) MO

13. NAME CHRISTEN KIMMEL

14. BIRTHPLACE (CITY OR TOWN) UNKNOWN
(STATE OR COUNTRY) GERMANY

15. MAIDEN NAME SOPHIA GROSS

16. BIRTHPLACE (CITY OR TOWN) HERMANN
(STATE OR COUNTRY) MISSOURI

17. INFORMANT Mr. Louis Kimmel
(ADDRESS) 4717 Willowwood Ave

18. BURIAL CREMATION, OR REMOVAL
MEMORIAL PARK, GEN. DATE APRIL 13 1937

19. UNDERTAKER L. B. T. Taylor
(ADDRESS) 6107 Natural Bridge Rd

20. FILED 4-12- 1937 Ad. Baer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1937, to April 11, 1937.
I last saw him alive on April 11, 1937. Death is said to have occurred on the date stated above, at 4:00 a.m.

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

Date of onset 4-5-37

Other contributory causes of importance: None

Name of operation None Date of None
What test confirmed diagnosis? clinical 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) Richard G. Gammell, M. D.
(Address) 2864 1/2 Union St., St. Louis, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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