

OCT 14 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

32315

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003**  
 (c) City **St. Louis, Mo.** (d) Street No. **4930 Lindell Pl.** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **8369**2. PRINT FULL NAME **Christopher C. Kimbro.**

(a) Residence, No. **1203 Iona Av.** St. **WA** **Kelliston Mo.**  
 (Usual place of abode, if no street address, write county or city) (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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Florence Kimbro.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 23, 1875.**

7. AGE YEARS **63** MONTHS **3** DAYS **12** If LESS than 1 day, ..... hrs. or ..... min.

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

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

10. Date deceased last worked at this occupation (month and year) **1936** 11. Total time (years) spent in this occupation **31 Years**

12. BIRTHPLACE (CITY OR TOWN) **Greenfield** (STATE OR COUNTRY) **Illinois.**

13. NAME **James Kimbro.**

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

15. MAIDEN NAME **Sarah Adams.**

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

17. INFORMANT **Mrs. Florence Kimbro** (ADDRESS) **1203 Iona Av.**

18. BURIAL, CREMATION, OR REMOVAL **Pellefontaine** PLACE DATE **Sep. 6, 1937**

19. FUNERAL DIRECTOR **Fergesch Undertaking Co.** (ADDRESS) **3661 Washington Pl.**

20. FILE **SEP 6 1937** **J. Bredeck** Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9/3** 19**37**22. HEREBY CERTIFY that I attended deceased from **Aug 15 1937** to **Sep 3 1937**

I last saw him alive on **Aug 15 1937** Death is said to have occurred on the date stated above, at **3 PM** m.

The principal cause of death and related causes of importance were as follows:  
**Pyelitis & Hyptrophy of prostate gland**

Other contributory causes of importance:  
**Chronic Nephritis & Urinary blockage**

Name of operation **Drainage of prostate**

What test confirmed diagnosis? **Was there an autopsy?**

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 **Yes** (Signed) **John J. Smith** M. D.  
**9/3/37 4930 Lindell Pl.**

STATEMENT BY LICENSED EMBALMER

I, Howard F Rowland, Licensed Embalmer No. 3114  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself  
..... L. E. ....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Howard F Rowland  
Licensed Embalmer No. 3114

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)