

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

31141  
 Do not use this space.

1938 OCT 12

1003

**1. PLACE OF DEATH**

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. .... Registered No. **8578**  
 (c) City **St. Louis** (d) Street No. **Lutheran Hospital** 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.

**2. PRINT FULL NAME**

**Mrs. Rena Kimberling**

(a) Residence, No. **5063 Winona Ave.** St. **14** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9-30 1938**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Henry R. Kimberling**

22. I HEREBY CERTIFY, That I attended deceased from **8/18**, 19**38**, to **9/29**, 19**38**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 26, 1886**

I last saw her alive on **9/29**, 19**38**. Death is said to have occurred on the date stated above, at **4:45 A.M.**

7. AGE YEARS **51** MONTHS **10** DAYS **4** If LESS than 1 day, ..... hrs. or ..... min.

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

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

**Carcinoma vaginal.** Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Oregon**

Other contributory causes of importance:  
**Pulmonary metastases**

13. NAME **Thomas Combest**

Name of operation **None** Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

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

15. MAIDEN NAME **Ellen Bennett**

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.

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

17. INFORMANT **William H. Kimberling**  
 (ADDRESS) **5063 Winona Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset Burial Park** DATE **10-3**, 19**38**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Kriegshauser Mortuary**  
**4228 So. Kingshighway**

24. Was disease or injury in any way related to occupation of deceased? **No**  
 If so, specify **John H. Kimberling, M. D.**  
 (Signed) **John H. Kimberling**  
 (Address) **1504 So Grand**

20. FILED **SEP 30 1938** **J. Bredeck**  
 Local Registrar.

Dr. Duemler  
1504 So. Grand

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed *Edwin M. Duemler*

Licensed Embalmer No. 3034

P. O. Address \_\_\_\_\_

**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.)**

**If this body is not embalmed, above space should be left blank.**