

0550 APR 12 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
1008

8237

Do not use this space.

2002

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No..... Registered No.....
 (c) City St. Louis (d) Street No. Homer Phillips 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 50 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 345 Henry Kimlen

(a) Residence, No. 3200 Cass St. 21 (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 M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6, 19 39

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Kimlen

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 19 39, to Feb. 6, 19 39

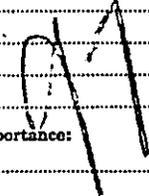
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 8, 1866

I last saw him alive on Feb. 6, 19 39 Death is said to have occurred on the date stated above, at 3:10 p.m.
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 6 --- --- ---

Arteriosclerosis Date of onset 1/26/39

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

Other contributory causes of importance:


12. BIRTHPLACE (CITY OR TOWN) Alabama (STATE OR COUNTRY)

Name of operation..... Date of.....
 What test confirmed diagnosis? clinical Was there an autopsy? no

FATHER 13. NAME Collie Kimlen
 14. BIRTHPLACE (CITY OR TOWN) Alabama (STATE OR COUNTRY)

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.

MOTHER 15. MAIDEN NAME Lucinda ?
 16. BIRTHPLACE (CITY OR TOWN) Alabama (STATE OR COUNTRY)

17. INFORMANT Evelyn Hilliard (ADDRESS) 2601 N Whittier

Manner of injury.....
 Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLD to Spring DATE 2-10-39 19 39

Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify Arteriosclerosis
 (Signed) H. J. Lyman M. D.
 (Address) Georgetown Whittier

19. FUNERAL DIRECTOR (NAME) Whittier 3100 (ADDRESS)

20. FILED MAR 2 1939 J. B. Buder Local Registrar

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

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.....

.....
Licensed Embalmer No.

P. O. Address.....

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

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