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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
JUN 15 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **16500**  
Registrar's No. **3978**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis, City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Days  
In this community City Hospital #1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis **25**  
(If outside city or town limits, write "RURAL")  
(d) Street No. Marion Roe Hotel  
508 PINE ST (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Kimmel, Karl **540**  
3. (b) If veteran, name war \*\*\*\*\* 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Irene Kimmel 6. (c) Age of husband or wife if alive Unknown years  
7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years About 64 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Kansas (City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business W.P.A.

MOTHER FATHER { 12. Name Peter Kimmel  
13. Birthplace Germany (City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant A.C. Britt  
(b) Address 318 Wainwright Bldg

17. (a) Burial (b) Date thereof May 7 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Levensworth Kansas

18. (a) Signature of funeral director Peetz Brothers  
(b) Address 3029 Lafayette Ave

19. (a) MAY 3 1940 (b) J.F. Buddeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 27  
year 1940 hour 5 minute 00 P. M.

21. I hereby certify that I attended the deceased from April 25, 1940 to April 27, 1940;  
that I last saw him alive on April 27, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage **2 days**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN  
Duration  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Walter Ford (M. D. or other)  
Address 1515 Lafayette Date signed 4/29/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 Frank J. Owens.

Licensed Embalmer No. 3245

P. O. Address St Louis Mo

**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.**