

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26372
Registrar's No. 1410

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson Barracks
(c) Name of hospital or institution:
Veterans Administration Facility
(d) Length of stay: In hospital or institution Admitted 6/12/40
In this community -
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 725 Aubert Avenue
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1940 hour 2:20 minute 8 A. M.
21. I hereby certify that I attended the deceased from
June 12, 1940 to July 28, 1940
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Fred Sidney Kimes

3. (b) If veteran, 497-10-5168 name war World War
3. (c) Social Security No. Not remembered

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 1888
(Month) (Day) (Year)

8. AGE: Years 51 Months 7 Days 10
If less than one day hr. _____ min.

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

10. Usual occupation Trumpet player

11. Industry or business _____

12. Name William Kimes

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Clara Martindale

15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schell
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (b) Date thereof 7-30-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Barracks

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) JUL 29 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Immediate cause of death
Tumor, malignant (teratoma), left testicle, with extensive intra-abdominal metastases.

Due to _____
Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Orchidectomy, left, done at Hines Facility, 6/21/39.
Of autopsy No autopsy.

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? _____

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While at work? yes (Specify type of place) (Means of injury)
23. Signature C. W. HUGHES, M.D. (M. D. or other)
Address Chief Medical Officer Date signed _____

Duration

unkn.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Warren A. Carver

Licensed Embalmer No. 3534

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.