

No. 2  
-1-4-41  
-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **26654**  
Registrar's No. **6446**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Infirmary.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution April 4, 1938  
73 yrs (Specify whether  
In this community 2  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5800 Arsenal St. 13  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 2

3. (a) PRINT FULL NAME

Rose Gimbel.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Single  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 25 years (Month) (Day) (Year) 1857

7. Birth date of deceased Sec 25 (Month) (Day) (Year) 1857

8. AGE: 33 years 82 Months 7 Days 19 If less than one day hr. min.

9. Birthplace Hamilton Ohio. (City, town, or county) American (State or foreign country)

10. Usual occupation None

11. Industry or business X

MOTHER FATHER { 12. Name Charles Gimbel  
13. Birthplace Munich, Germany (City, town, or county) (State or foreign country) 4  
14. Maiden name Margaret Diemer  
15. Birthplace Munich, Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Tomie Green  
(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof Aug 7, 1941 (Month) (Day) (Year)  
(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Chas. A. Gull  
(b) Address 4452 Washington St.

19. (a) AUG 7 1941 (Date received local registrar) (b) J. H. Predeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6 year 1941 hour 2 minute P M.  
21. I hereby certify that I attended the deceased from April 14, 1938 to August 6, 1941  
and that death occurred on the date and hour stated above. er August 6, 1941

Immediate cause of death Regenerative Heart disease, auricular fibrillation, cardiac decompensation  
Due to 1 month  
Due to

Other conditions (Include pregnancy within 3 months of death)  
Major findings: 1938  
Of operations  
Of autopsy

Duration  
PHYSICIAN  
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?

(Specify type of place) While at work? (e) Means of injury  
23. Signature Drew Blaney (M. D. or other) Dr. D.  
Address 5800 Arsenal Date signed 8-6-41

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.....

Licensed Embalmer No. *4053*

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, fact should be so stated above.**