

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution 14260 St. Louis Ave
(d) Length of stay: In hospital or institution 70 years
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri
(b) City or town St. Louis
(c) Street No. 4260
(d) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY KIMMICK
3. (b) If veteran: name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 17
year 1942 hour 8 minute A. M.
21. I hereby certify that I attended the deceased from Jan 14
1942, to Jan 17 1942
that I last saw her alive on Jan 16 1942
and that death occurred on the date and hour stated above.

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
(b) Name of husband or wife Samuel Kimmick
(c) Age of husband or wife if alive years 27
7. Birth date of deceased July 27 1851
(Month) (Day) (Year)

Immediate cause of death Central Necrosis Duration

8. AGE: Years 92 Months 5 Days 21
If less than one day hr. min.

Due to Central Necrosis

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

Due to Central Necrosis

10. Usual occupation Housewife

Other conditions Rhubarb
(Include pregnancy within 3 months of death)

11. Industry or business

Major findings: Of operations
Of autopsy

12. Name don't know

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

14. Maiden name don't know

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

16. (a) Informant Mr. Joseph Kimmick
(b) Address 4260 St. Louis Ave

17. (a) Burial (b) Date there Jan 20 1942
(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director J. F. Bredeck
(b) Address 4260 St. Louis Ave
19. (a) Date of local registration Jan 19 1942 (b) Registrar's signature J. F. Bredeck

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 W. Jackson Miller (M.D. or other)
Address 3818 W. 20th St. Date signed Jan 19 1942

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

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

001 X26390
00179

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.....

Jos. A. Howard

Licensed Embalmer No. 4139

P. O. Address 4212 57. LOUIS AV

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.