. S. No. 2
M—1-4-41
v. 5-17-39
I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 11990

Registration District No. FILED MAR 31 1942

Primary Registration District No. 200

Registrar's No. 620

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town Brentwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 8919 Litzsinger Rd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County St. Louis

(c) City or town Brentwood
(If outside city or town limits, write "RURAL")

(d) Street No. 8919 Litzsinger Rd.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry R. Kimberling

3. (b) If veteran, name war World War

3. (c) Social Security No. 494-05-2868

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ella R. Kimberling

6. (c) Age of husband or wife if alive about 45 years

7. Birth date of deceased July (Month) 26th (Day) 1884 (Year)

8. AGE: Years 57 | Months 7 | Days 20 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Superintendent

11. Industry or business Blackmer Pipe & Post Co.

FATHER
12. Name Unknown Kimberling
13. Birthplace (City, town, or county) Unknown (State or foreign country)

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

16. (a) Informant Ella R. Kimberling
(b) Address 8919 Litzsinger Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-42 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAR 18 1942 (Date received local registrar) E. S. McGavran M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 18th year 1942 hour 2:10 minute A.M. M.

21. I hereby certify that I attended the deceased from March 10 1942 to March 18 1942 that I last saw him alive on March 17 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Hypertension

Due to Chronic Parenchymatous Nephritis.

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

Major findings:
Of operations 13 a
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 C. A. Tucker, D.C. (M. D. or other)
Address 5162 Easton Ave. Date signed 3-18-42

(Licensed Embalmer's Statement on Reverse Side)

APR 6 1942

5162 Eastons ave. 10-11+3-8
F05577

## 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 Edwin D McDermott

Licensed Embalmer No. 3024

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, fact should be so stated above.**