

FILED JUN 10 1942 91

Registration District No. 1003

State File No. 4722  
Registrar's No.

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

1. PLACE OF DEATH:

(a) County  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
En route to City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 19  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3922 Delmar Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME William J. Kimbrel  
3. (b) If veteran, name war World War 1  
3. (c) Social Security No. 497-10-3357

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife Charlotte Kimbrel  
6. (c) Age of husband or wife if alive  
7. Birth date of deceased October 19, 1893  
(Month) (Day) (Year)

8. AGE: Years 48 Months 7 Days 9  
If less than one day hr. min.

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

10. Usual occupation House painter

11. Industry or business

MOTHER FATHER { 12. Name Joseph C. Kimbrel  
13. Birthplace Potosi Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary J. Phillips  
15. Birthplace Franklin Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph C. Kimbrel  
(b) Address 6521 Crest Avenue

17. (a) Burial (b) Date thereof June 1 1942  
(Burial, cremation or inhumation) (Month) (Day) (Year)  
(c) Place: burial or cremation Jefferson Burial Home

18. (a) Signature of funeral director Shepard Funeral Home  
(b) Address 1167 Hamilton Avenue

19. (a) MAY 29 1942 (b) J. F. Braddock  
(Date received local health officer's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28<sup>th</sup>  
year 1942 hour 8:45 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage from laceration of aortal fracture of skull when he slipped & fell off a ladder while working on the roof at 5540 Cedar Ave. about 8:30 o'clock A.M. May 28, 1942  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_  
Physician Pending  
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) Accident 000  
(b) Date of occurrence May 28 1942  
(c) Where did injury occur? St. Louis Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In Industrial  
(Specify type of place)  
While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature Thomas J. Callanan (M. D. or other)  
Address Deputy Coroner Date signed 5/29/42

**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..... *Wilford Y Burnley* .....  
Licensed Embalmer No..... *4202* .....  
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.**