

S. No. 2  
 (9-4-41)  
 5-17-39  
 X29484

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

22879

State File No. \_\_\_\_\_  
 Registrar's No. **5982**

**FILED JUL 28 1942 791**  
 Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

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:  
**Little Flower of Retreat 4**  
(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 **Missouri** (b) County **Greene**  
 (c) City or town **Springfield**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? **/** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Lucy Margeret Kimmett**  
 3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **July** day **14**  
 year **1942** hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from **July 1<sup>st</sup> 1942**  
 19 \_\_\_\_\_ to **July 14<sup>th</sup> 1942**  
 that I last saw her alive on **July 14<sup>th</sup> 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**  
 6. (b) Name of husband or wife **Martin Kimmett** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: **June 1 1868**  
(Month) (Day) (Year)

Immediate cause of death:  
**Chronic Myocardial Disease**  
**Arterio-Sclerosis**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
**74 1 13** hr \_\_\_\_\_ min \_\_\_\_\_

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

9. Birthplace **Glencourt Iowa**  
(City, town or county) (State or foreign country)  
 10. Usual occupation **Housewife**

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name **John Balluff**  
 13. Birthplace **unk unk**  
(City, town or county) (State or foreign country)  
 14. Maiden name **Martin Hase**  
 15. Birthplace **unk unk**  
(City, town or county) (State or foreign country)

16. (a) Informant **Little Flower of Retreat**  
 (b) Address **2500 S. 18St.**  
 17. (a) **Burial** (b) Date thereof **7/17/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Springfield, Mo.**

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 \_\_\_\_\_

18. (a) Signature of funeral director **Albert H. Hoppe Inc.**  
 (b) Address **4700 Washington Ave.**  
**JUL 15 1942**  
 19. (a) **J. F. Bradeck**  
(Date received local registrar) (Registrar's signature)

23. Signature **Paul B. Webb** (M. D. or other) **W.D.**  
 Address **1920 Sidney** Date signed **7/15/42**

**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.....

*Albert S. Stoppa*

Licensed Embalmer No. *861*

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.**