

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7256**

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **6 Days**
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....

(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **1243a Aubert Ave.**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Jesse Bunyan Wimpee**

3. (b) If veteran, name war..... **None**

3. (c) Social Security No. **489-16-4315**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced..... **Married**

6. (b) Name of husband or wife..... **Carrie Wimpee** 6. (c) Age of husband or wife if alive..... **59** years

7. Birth date of deceased..... **August 4, 1880**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	0	24	hr. min.

9. Birthplace..... **Trion, Georgia**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Painter.**

11. Industry or business..... **Painter.**

MOTHER FATHER { 12. Name **Frances Wimpee.**

13. Birthplace..... **?** **Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Mary Scoggins.**

15. Birthplace..... **?** **Alabama**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Robert Wimpee.**

(b) Address **1243a Aubert Ave.**

17. (a) **Burial** (b) Date thereof **8-31-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Lebanon Cemetery.**

18. (a) Signature of funeral director **Geo. L. Pleitsch Inc.**

(b) Address **5966-68 Easton Ave**

19. (a) **AUG 31 1942** **J. J. Bredt**
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **28**, year **1942** hour **6:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **August 23**, 19**42** to **August 28**, 19**42**;

that I last saw him alive on **August 28**, 19**42**;

and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Thrombosis**

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy **Not Done.**

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?.....

While at work?..... (Specify type of place) (b) Means of injury.....

23. Signature..... **W. J. Wood** (M. D. or other)
Address **1515 Lafayette Avenue** Date signed **8/28/42**

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 3457

David C. Gibson

Registered Apprentice No.

working under my personal supervision.

Signed

David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Eastern St. S.W.

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.