

431
S. No. 2
M-5-42
v. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32117

State File No.

FILED: OCT 28 1942
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8497

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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 1 Month (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 4130A Labadie Ave. (If rural, give location) 910
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Louis Kimmerling

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widower
6. (b) Name of husband or wife Jinnie Kimmerling 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 24, 1887
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12, year 1942 hour 7:30 minute _____ P. M.
21. I hereby certify that I attended the deceased from September 12, 1942 to October 12, 1942
that I last saw him alive on October 12, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Edema of lungs
Due to Myocardial insufficiency
Due to Arteriosclerosis
Other conditions Thrombosis of cerebral vessel
(Include pregnancy within 3 months of death)
(print if fatal) Encephalomalacia
Major findings:
Of operations _____
Of autopsy Refused
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years 54 Months 9 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis (City, town, or county) (State or foreign country) 0

10. Usual occupation Retired Bartender

11. Industry or business

12. Name Lorenz Kimmerling
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
14. Maiden name Margaret Sebenschud (City, town, or county) (State or foreign country)
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Florence Kimmerling
(b) Address 4130A Labadie Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 15, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Wm. J. Paschedag
(b) Address 2825 N. Grand Blvd

19. (a) OCT 14 1942 (Date received local registrar) (b) J. F. Budick (Registrar's signature)

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 _____ (Specify type of place) Means of injury 0
23. Signature Wm. J. Paschedag (M. D. or other) 10/13/42
Address 1515 Lafayette Avenue Date signed _____

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

MOTHER FATHER

844

(Licensed Embalmer's Statement on Reverse Side)

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.....

W. W. Wilkins

..... Licensed Embalmer No. **3575**

..... 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.