

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U. S. GOVERNMENT PRINTING OFFICE: 1947
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22866

State File No.

FILED JUL 15 1947

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 14535

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS, MO. Ruffinville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. MARY'S Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 days
(Specify whether
In this community 2 mo. 10 da.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2161 Russell
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARCIA Kimmich

3. (b) If veteran, name war None 3. (c) Social Security No.

4. Sex Female 5. Color or race wh. 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 28 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 2 8 hr. min.

9. Birthplace: ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business

MOTHER FATHER
12. Name George Kimmich
13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Ruth Groh
15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant FATHER
(b) Address 2161 Russell

17. (a) Burial (b) Date thereof 7-7-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cem.

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

19. (a) 2-7-47 (b) Carole A. [Signature]
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 4
year 1947 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from 5 JUNE, 1947, to 4 JULY, 1947;
that I last saw her alive on JULY 4, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death MARASMUS

Duration 24 da.

Due to congenital deficiency life
(2 mo. 8 da.)

Due to 158

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NONE

(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) (e) Means of injury

23. Signature John D. Bennett, M.D. (D. or other) M.D.
Address 6420 Clayton Rd. Date signed 7/7/47

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

16
8
3

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..... *William B. White*

Licensed Embalmer No. *4291*

P. O. Address..... *422 E. King Highway*

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.