S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36225

FILED NOV 7 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9958

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: St. Louis Childrens Hospital
(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 Illinois (b) County Perry 999

(c) City or town Carbondale 11
(If outside city or town limits, write "RURAL")

(d) Street No. N R, 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Theodore Ferdie Schimpf

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 10 (Day) 1947 (Year)

8. AGE: Years 0 Months 2 Days 18 If less than one day hr. min.

9. Birthplace Perry Co. (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Ferdie Schimpf
13. Birthplace Perry Co. (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Margaret Dunn
15. Birthplace Perry Co. (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs. Ralph Dunn
(b) Address Pinckneyville, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation Pinckneyville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) OCT 28 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 28
year 47 hour 1 minute 10 A.M.

21. I hereby certify that I attended the deceased from 10-26, 1947, to 10-28, 1947;
that I last saw him alive on 10-28, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death could not be determined by clinical findings nor by gross findings at post mortum examination.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Gilbert B. Forbes (M. D. ~~or other~~)
Address Children's Hospital Date signed 10/28/47

Jefferson City Printing Co.

(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.....

Licensed Embalmer No.....

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.