. 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. 40068

FILED DEC 6 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10925

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Alexian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 Days (Specify whether years, months or days)
In this community 53 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3521 North 25th Street.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Phillip J. Pimmel.
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rose
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased April 6th, 1894 (Month) (Day) (Year)

8. AGE: Years 53 Months 7 Days 21 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Printer
11. Industry or business Superior Type Setting Co.
FATHER 12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Josphine Kaehnl.
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Rose Pimmel.
(b) Address 3521 North 25th Street.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 1st, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Leidner Und. Co.
(b) Address 2223 St. Louis Ave.,
19. (a) NOV 29 1947 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27 year 1947 hour 10 minute 35 P. M.
21. I hereby certify that I attended the deceased from 11-12-47, 19, to 11-27-47, 19; that I last saw him alive on 11-27-47, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	15 days
Due to Hypertensive Cardio Vascular Heart disease	14yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 [illegible] M.D. (M. D. or other)
Address 1401 Madison St. Date signed 11-28-47

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.....Ray Campbell.....

Licensed Embalmer No.....3881.....

P. O. Address.....2223 St. Louis Ave.....

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.