

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11293

FILED APR 5 1950

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State File No. ....

Registrar's No. 2958

BIRTH NO. ....		REG. DIST. NO. ....		PRIMARY REG. DIST. NO. ....		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY			
b. CITY OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>ST. LOUIS</u>		2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>12-1243<sup>rd</sup> AUBERT</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>WILLIAM</u>		b. (Middle) <u>F.</u>		c. (Last) <u>Wimpee</u>	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
		<u>MAR</u>		<u>26</u>		<u>50</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>		8. DATE OF BIRTH <u>Nov. 19 1900</u>	
9. AGE (in years last birthday)		10. UNDER 1 YEAR Months		11. UNDER 24 HRS. Days		12. UNDER 24 HRS. Hours	
49		3		8			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAINTER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>PAINTING CONTRACTOR</u>		11. BIRTHPLACE (State or foreign country) <u>JACKSON TENN 1</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Jesse Wimpee</u>			13b. MOTHER'S MAIDEN NAME <u>CARRIE Chandler</u>			14. NAME OF HUSBAND OR WIFE <u>Madeline Wimpee</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
<u>Yes</u>				<u>ROBERT Wimpee 5626 Maple</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____							
ANTECEDENT CAUSES							
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
DUE TO (b) <u>Coronary Occlusion</u>							
DUE TO (c) <u>Coronary Sclerosis</u>							
II. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)		21d. (STATE)	
				<u>H201</u>		<u>MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:30 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Patrick E Taylor Cor 2</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>3-29-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<u>BURIAL</u>		<u>3-30-50</u>		<u>MT LEBANON</u>		<u>ST LOUIS CO MO</u>	
DATE REC'D BY LOCAL REG. <u>MAR 29 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>ORTMANN FUNERAL HOME OVERLAND MO</u>		

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Al C. Ortman

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2478

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.