

S. No. 300
V. 10-48

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18968

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1242

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Unk b. COUNTY Unk	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Unk	
c. LENGTH OF STAY (in this place) 7 mons.		d. STREET ADDRESS (If rural, give location) Unk	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) Charles	b. (Middle)	c. (Last) Kimbell	4. DATE OF DEATH (Month) May (Day) 15 (Year) 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Dec. 16, 1877	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unk	10b. KIND OF BUSINESS OR INDUSTRY Unk	11. BIRTHPLACE (State or foreign country) Unknown	12. CITIZEN OF WHAT COUNTRY? 9
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unk	16. SOCIAL SECURITY NO. Unk	17. INFORMANT'S SIGNATURE OR NAME Pine Crest Nursing Home Records	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 day 2 yrs 2 yrs
	2. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) Senility		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **4/11**, 19**50**, to **5/15**, 19**50**, that I last saw the deceased alive on **5/11**, 19**50**, and that death occurred at **1:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE C. D. Sheslie, M.D. (Degree or title)	23b. ADDRESS 11511 22nd Mo	23c. DATE SIGNED 5/15/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5/16/50	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) St. Louis Mo
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DATE REC'D BY LOCAL REG. 5-15-50	REGISTRAR'S SIGNATURE Herbert G. Donke	25. GENERAL DIRECTOR'S SIGNATURE Herbert G. Donke	ADDRESS 4104 Manchester
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(Licensed Embalmer's Statement on Reverse Side)

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

4000 4

STATEMENT BY LICENSED EMBALMER

W. E. 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.

Student
Student Embalmer

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.