

FILED JUL 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21697
State File No.
Registrar's No. 5618

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE _____ b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. LENGTH OF STAY (in this place) _____

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis Mo. 2219**

d. FULL NAME OF HOSPITAL OR INSTITUTION **1520 N. 16th St**

d. STREET ADDRESS (If rural, give location) **1520 N. 16th St.**

3. NAME OF DECEASED (Type or Print)
a. (First) **George** b. (Middle) _____ c. (Last) **Kimmich**

4. DATE OF DEATH (Month) (Day) (Year) **June 26 1950**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never Married**

8. DATE OF BIRTH **May 17, 1895** 9. AGE (In years last birthday) **55** 10. UNDER 1 YEAR Months **1** 11. UNDER 1 MRS. Hours **9** Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) **W. Va.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Samuel Kimmich** 13b. MOTHER'S MAIDEN NAME **Mary Nieman** 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ 16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME **Joseph Kimmich** ADDRESS **1518 N. 16th St**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Chronic Myocarditis**

ANTECEDENT CAUSES **Chronic Interstitial**

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **Nephritis**

DUE TO (c) _____

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 NO

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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR **592X**

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 **9:15 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE **[Signature]** (Deceased or title) 23b. ADDRESS **1200 Clark Ave** 23c. DATE SIGNED **6/28/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **June 29th** 24c. NAME OF CEMETERY OR CREMATORY **New St. Marcos** 24d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

DATE REC'D BY LOCAL REG. **JUN 28 1950** REGISTRAR'S SIGNATURE **J. B. Fasater** 25. FUNERAL DIRECTOR'S SIGNATURE **Central Funeral Home** ADDRESS **1841 Cass Ave**

(Licensed Embalmer's Statement on Reverse Side)

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed.....

Edmond H. Remelius

Signed.....
Student Embalmer

Licensed Embalmer No. 42,83

P. O. Address St. Louis, Mo.

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.