

FILED APR 20 1954

STANDARD CERTIFICATE OF DEATH

12466

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 27

1. PLACE OF DEATH  
a. COUNTY JEFFERSON  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-MERAMEC  
c. LENGTH OF STAY (In this place) 1 yr 9 mo's  
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hill Infirmary

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE MISSOURI b. COUNTY ST. LOUIS  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI  
d. STREET ADDRESS (If rural, give location) 7006 WESTMORELAND DR.

3. NAME OF DECEASED  
a. (First) JOSEPH b. (Middle) JOHN c. (Last) IMBS

4. DATE OF DEATH (Month) (Day) (Year)  
MARCH 31 1954

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE

8. DATE OF BIRTH MARCH 14-1872

9. AGE (In years last birthday) 82

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

10b. KIND OF BUSINESS OR INDUSTRY S. F. IMBS Mfg. Co.

11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI

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

13a. FATHER'S NAME JOSEPH F. IMBS

13b. MOTHER'S MAIDEN NAME CHRISTINE EBERLE

14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN

16. SOCIAL SECURITY NO. 328-03-9042

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Brother Conrad St. Jo. Hill Ch. Eureka

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) CORONARY OCCLUSION  
ANTECEDENT CAUSES  
DUE TO (b) Generalized Arterio-sclerosis  
DUE TO (c) CARDIO VASCULAR DISEASE  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4.201

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?

22. I hereby certify that I attended the deceased from 6/13, 1952, to 3/29, 1954, that I last saw the deceased alive on MARCH 29, 1954, and that death occurred at 6:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) Dr. Roland Normandy

23b. ADDRESS 4323 ROLAND NORMANDY DR.

23c. DATE SIGNED 3/31/54

24a. BURIAL, CREMATION, OR DISPOSAL (Specify)

24b. DATE APR. 2, 1954

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or village) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. Apr 10-54

REGISTRAR'S SIGNATURE Ruth J. Isaac

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur J. Heaunelley, 3840 Indess Blvd

Par. J. Brimmer, Licensed Embalmer's Statement on Reverse Side

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

APR 21 1954

APR 20

DATE RECEIVED APR 12 1954

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Francis Williams

Signed.....  
Student Embalmer

Licensed Embalmer No. 3565

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.