

FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28603

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1869</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before a. STATE <u>Mo</u> b. COUNTY <u>[redacted]</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Koch, Mo</u>		c. LENGTH OF STAY (in this place) <u>2 YRS</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robert Koch Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>209 - N. Jefferson</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) _____ c. (Last) <u>WIMBERLY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 - 10 - 55</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>1 - 26 - 92</u>		
9. AGE (In years last birthday) <u>63 yrs</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHOE SALESMAN</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>WALK</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert Winbury</u>			13b. MOTHER'S MAIDEN NAME <u>Matti Haley</u>		14. NAME OF HUSBAND OR WIFE <u>MAUDE WIMBERLY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>356-14-272</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jenneth A. Oliver 1008 1/2 48 ST E St Louis</u>				
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) <u>chronic pulmonary TBE, far advanced, active</u>					INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>002x</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>10-22-</u> , 19 <u>53</u> , to <u>8-10-</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>8-10-</u> , 19 <u>55</u> , and that death occurred at <u>4:20 Am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>M. W. Hague</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Robert Koch Hospital</u>		23c. DATE SIGNED <u>8/10/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVED</u>		24b. DATE <u>8-11-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>EAST St. Louis</u>		24d. LOCATION (City, town, or county) (State) <u>244</u>		
DATE REC'D BY LOCAL REG. <u>8/11/55</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Dornick M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harry Robins 6 St Francis Ill</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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..

Student.....
Signature of Student Embalmer

Signed..... *Frank Probst*

Licensed Embalmer No. *43*

P. O. Address *St. Louis,*

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 embalmed by a STUDENT; he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.