FILED APR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10971

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3226

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maplewood 4544
d. STREET ADDRESS (If rural, give location): 7351 Maple Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): JEAN
b. (Middle): NMN
c. (Last): KIMBER

4. DATE OF DEATH (Month): 3 (Day): 29 (Year): 56

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Sept. 17, 1881
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired art instructor
10b. KIND OF BUSINESS OR INDUSTRY: Southwest Highschool
11. BIRTHPLACE (State or foreign country): Topeka, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Emor Kimber
13b. MOTHER'S MAIDEN NAME: Lila Harper
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Hugo Walther-506 Olive Street

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary artery arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Generalized arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Chronic Cardiac decompensation — 10 years

19a. DATE OF OPERATION: non3
19b. MAJOR FINDINGS OF OPERATION: ——— 420.1
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) m.: ———
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* Jan. 17, 1946, *to* Mar. 1, 1956, *that I last saw the deceased alive on* March 1, 1956, *and that death occurred at* 2 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE W Baumgartner (Degree or title) M.D.
23b. ADDRESS: 3720 Washington Blvd., St. Louis
23c. DATE SIGNED: Mar. 30, 56

24a. BURIAL, CREMATION, REMOVAL (Specify): cremation
24b. DATE: 3-31-56
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Crematory
24d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

DATE REC'D BY LOCAL REG.: MAR 30 1956
REGISTRAR'S SIGNATURE: K Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: C. R. Lupton & Sons-7233 Delmar Blv'd.,
(Licensed Embalmer's Statement on Reverse Side)

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

3720 Washington Blv'd.
JE 3-6720

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 .....
Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.