

FILED JUN 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18131

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 5354

| | | | | | | | |
|--|-------------------------------|--|---|---|---|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a-- STATE Missouri b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (If this place) 2 days | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital | | | | e. STREET ADDRESS (If rural, give location) 5146 St. Louis Avenue 2069 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Richard | | | b. (Middle) K. | | c. (Last) Kimmel | | 4. DATE OF DEATH (Month) (Day) (Year) 6 - 3 - 1956 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 10 - 29 - 1900 | | 9. AGE (In years last birthday) 55 | 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) Physician | | 10b. KIND OF BUSINESS OR INDUSTRY Medical | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Louis R. Kimmel | | | 13b. MOTHER'S MAIDEN NAME Anna Sherman | | 14. NAME OF HUSBAND OR WIFE Melba Kimmel | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Melba Kimmel, 5146 St. Louis Av | | | |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac insufficiency Hypertensive arteriosclerosis Cardiovascular disease. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Anemia, due to gouty nephropathy, arteriosclerosis Conditions contributing to the death but not related to the disease or condition causing death _____ | | | | INTERVAL BETWEEN ONSET AND DEATH 1 month 1 month. | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION 442X | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.) _____ | | 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>June 1</u> , 19 <u>56</u> , to <u>June 3</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>June 3</u> , 19 <u>56</u> , and that death occurred at <u>4:30 P.m.</u> , (from the causes and on the date stated above). | | | | | | | |
| 23a. SIGNATURE (Name or title) John L. Lantieri, M.D. | | | 23b. ADDRESS 539 N. Grand Blvd. | | | 23c. DATE SIGNED June 4, 1956 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 6/6/56 | | 24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park | | 24d. LOCATION (City, town, or county) (State) St. Louis County Mo. | |
| DATE REC'D BY LOCAL REG. JUN 4 1956 | | REGISTRAR'S SIGNATURE Paul Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral ADDRESS 1905 Union Blvd. | | | |

(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Albert R. Thompson*.....

Licensed Embalmer No. *423*

P. O. Address *St. Paul*.....

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.