

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

25071

State File No. 5987

FILED JUL 20 1956

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 5987

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| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 5987 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a.-STATE <u>Mo</u> -b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) <u>2 days</u> | | c. CITY OR TOWN <u>St. Louis</u> | | 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 <u>Jewish Hospital</u> | | | | e. STREET ADDRESS (If rural, give location) <u>4643 Page Ave.</u> 2119 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>William C.</u> b. (Middle) _____ c. (Last) <u>Kimble</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 24 1956</u> | | | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Mar. 11 1886</u> | | 9. AGE (In years last birthday) <u>70</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 1 MRS. Hours _____ Mins. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Piano Tuner</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>self</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Etta Kimble</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>487-38-3188a</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Etta Kimble, 4643 Page Ave.</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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pancytopenia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Tuberculosis.</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>Uncertain</u> <u>Uncertain</u> |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ 293 X-A | | | | 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) _____ | | 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 22, 1956</u> , to <u>June 24, 1956</u> , that I last saw the deceased alive on <u>June 24, 1956</u> , and that death occurred at <u>2:15p</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Design or title) <u>A. C. Braverman MD</u> | | | | 23b. ADDRESS <u>Jewish Hospital of St. Louis</u> | | 23c. DATE SIGNED <u>6-25-56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | | 24b. DATE <u>6/26/56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>memorial Park</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>JUN 25 1956</u> | | REGISTRAR'S SIGNATURE <u>Carl Smith MD</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Drehmann-Harral, 1905 Union Blvd.</u> | | | |

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

Dr. Kenneth Serkas
Jewish Hospital

After 2 P.M.

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 *Warren A. Carver*.....

Licensed Embalmer No. *3539*.....

P. O. Address

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.