

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 20 1956

State File No. **25072**  
Registrar's No. **6342**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>St. CLAIR.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Firmin Desloge Hospital</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>East St. Louis</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b> b. (Middle) <b>AMREY</b> c. (Last) <b>KIMMEL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7 3 56</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1-11-1905</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Produce Buyer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Rhinehart Mkt.</b>	9. AGE (In years last birthday) <b>51</b>
11. BIRTHPLACE (State or foreign country) <b>Campbell, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>George A. Kimmel</b>		13b. MOTHER'S MAIDEN NAME <b>Ida Bell Meyer</b>	
14. NAME OF HUSBAND OR WIFE <b>Jessie Kimmel</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>+89-01-7665</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Jessie Kimmel, 36 Dolpres, E. St. Louis</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>G.I. Hemorrhage from esophageal</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) <b>Hepatic Cirrhosis</b>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.		4 mo's	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>581.0</b>	
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) m.		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 <b>June</b> , 19 <b>56</b> , to <b>July 3</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>July 3</b> , 19 <b>56</b> , and that death occurred at <b>3:42</b> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>John W. Berry M.D.</b>		23b. ADDRESS <b>634 North Grand</b>	
23c. DATE SIGNED <b>7-5-56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>7-6-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lakewood Park Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McLaughlin F.H., Inc., 2301 Lafayette</b>	
DATE REC'D BY LOCAL REG. <b>JUL 6 1956</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	

621 N Grand  
Galena, Ill. 62401

**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

*A. J. Ferris*

Licensed Embalmer No. *3384*

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