Health, Welfare & Public Service

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FILED MAR 5 - 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-007436
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2214

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: ST. LOUIS Mo — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 6556 WINNEBAGO — Length of stay in Ib: 01

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI — COUNTY:
c. CITY OR TOWN: ST. LOUIS — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 6556 WINNEBAGO — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First ROSA Middle DOROTHEA Last KIMMEL

4. DATE OF DEATH: Month FEB. Day 22 Year 1958

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: SEPT. 3 1874
9. AGE (In years last birthday): 83 — 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): WIDOWED
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: WILLIAM BLIND
13b. MOTHER'S MAIDEN NAME: JOHANNA BERTELS
14. NAME OF HUSBAND OR WIFE: CHARLES A. KIMMEL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: ISABELLE SKEENS — Address: 6556 WINNEBAGO

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Heart failure	6 Months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	chronic myocarditis	5 yrs
DUE TO (c)	generalized arteriosclerosis	15 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None 422.1
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year None
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 1 1948 to Feb. 21, 58 and last saw her/him alive on Feb 21, 1958
Death occurred at Feb 22 6:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Tupper Plumpe (Degree or title) MD
22b. ADDRESS: 3933 S. Grand St. Louis
22c. DATE SIGNED: Feb 24

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: FEB. 25 1958
23c. NAME OF CEMETERY OR CREMATORY: SUNSET BURIAL PK
23d. LOCATION (City, town, or county) (State): ST. LOUIS Co, Mo

24. FUNERAL DIRECTOR: Thomas Kutis — ADDRESS: 2906 Gravois
25. DATE RECD. BY LOCAL REG.: FEB 24 '58
26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. M.D.B.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

72 3-4600

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 Leo J. Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis, Mo.

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.