

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030625
STATE FILE NUMBER

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

8344

FILED SEP 8 1958

1. PLACE OF DEATH 1958 a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If outside, give location) 5511 Alcott Ave.	
Length of stay in lb 3 Weeks		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Charles Gordon Kimbrel			4. DATE OF DEATH Month August Day 26th Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 1st, 1894
9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY Own Business	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? 0			
13a. FATHER'S NAME Chas. B. Kimbrel		13b. MOTHER'S MAIDEN NAME Mary E. Hebert	14. NAME OF HUSBAND OR WIFE Clara M. Kimbrel
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) Yes #1		16. SOCIAL SECURITY NO. 495-22-3372	17. INFORMANT Address Mrs. Clara Kimbrel 5511 Alcott Ave.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolus, Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Emphysema & Polycythemia DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 294X			INTERVAL BETWEEN ONSET AND DEATH 6 days
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		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 1934 , to Aug 26 1958 and last saw ^{him} alive on Aug 26 1958 Death occurred at 10:45 a.m. m of the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Paul Kingsley Webb M.D.		22b. ADDRESS 721 Olive St. St. Louis Mo	
22c. DATE SIGNED Aug 27 58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Aug. 29th, 1958	23c. NAME OF CEMETERY OR _____ St. Peters
23d. LOCATION (City, town, or county) St. Louis, Mo.			
24. FUNERAL DIRECTOR Harry A. Kraeger		ADDRESS 222 Crandon Dr., Clayton 24, Mo.	25. DATE RECD. BY LOCAL REG. AUG 28 58
26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 *Laurence O. Herling*

Licensed Embalmer No. *4979*

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.