

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-027002

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6834 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b <u>1 hrs</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>3144A Chippewa</u>				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Rose</u> Middle <u>M</u> Last <u>Kimpler</u>						4. DATE OF DEATH Month <u>7</u> Day <u>20</u> Year <u>61</u>							
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>5/5/13</u>		9. AGE (last birthday) <u>48</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>15</u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Brown Shoe Co.</u>		11. BIRTHPLACE (City and state or country) <u>New Douglas Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>Usa</u>					
13a. FATHER'S NAME <u>Alvin Fritsche</u>				13b. MOTHER'S MAIDEN NAME <u>Minnie Georgi</u>				14. NAME OF HUSBAND OR WIFE <u>Ray Kimpler</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>330X</u>		17. INFORMANT Address <u>Ray Kimpler 3144A Chippewa</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ruptured aneurysm of Circle of Willis Base of Brain.</u> DUE TO (b) <u>Generalized Sclerosis</u> DUE TO (c) <u></u> CONDITIONS, if any, which gave rise to above cause (a), during the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>2-2</u>										INTERVAL BETWEEN ONSET AND DEATH			
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 _____ Month, Day, Year _____ a.m. _____ p.m. _____													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 <u>1959</u> to <u>1961</u> and last saw her alive on <u>9/17/59</u> Death occurred at <u>8 P M</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>[Signature]</u>						22b. ADDRESS <u>4075 S Grand</u>			22c. DATE SIGNED <u>7/21/61</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>July 24, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Peter & Paul</u>				23d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>					
24. FUNERAL DIRECTOR ADDRESS <u>Schumacher 3013 Meramec St.</u>					25. DATE RECD. BY LOCAL REG. <u>JUL 24 1961</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith, M.D.</u>						

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

4075 Howard

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 Jack Staup
Licensed Embalmer No. 746
P. O. Address Howard

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.