

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 Illinois b. COUNTY St. CLAIR.		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital			d. STREET ADDRESS (If rural, give location) 36 Dolores Drive		
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) AMREY c. (Last) KIMMEL			4. DATE OF DEATH (Month) (Day) (Year) 7 3 56		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-11-1905		9. AGE (In years last birthday) 51
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Produce Buyer		10b. KIND OF BUSINESS OR INDUSTRY Rhinehart Mkt.	11. BIRTHPLACE (State or foreign country) Campbell, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME George A. Kimmel		13b. MOTHER'S MAIDEN NAME Ida Bell Meyer	14. NAME OF HUSBAND OR WIFE Jessie Kimmel		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. +89-01-7665	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jessie Kimmel, 36 Dolores, E. St. Louis		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) G.I. Hemorrhage from esophageal varices ANTECEDENT CAUSES DUE TO (b) Hepatic Cirrhosis 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.			INTERVAL BETWEEN ONSET AND DEATH 2 days 4 mo's
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 <u>June</u> , 19 <u>56</u> , to <u>July 3</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>July 3</u> , 19 <u>56</u> , and that death occurred at <u>3:42</u> m., from the causes and on the date stated above.					
23a. SIGNATURE John W. Berry (Degree or title) M.D.		23b. ADDRESS 634 North Grand		23c. DATE SIGNED 7-5-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-6-1956		24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin F.H., Inc., 2301 Lafayette			
DATE REC'D BY LOCAL REG. JUL 6 1956		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin F.H., Inc., 2301 Lafayette	

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. G. 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.