

REC'D SEP 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH27706
Do not use this space.

7720

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City..... St. Louis, Mo. (d) Street No. DePaul Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Paul H. Kimpel, Sr. 514
 (a) Residence, No. 5317 Ruskin Avenue St. 7
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. ~~UNMARRIED~~ WIDOWED, OR ~~DIVORCED~~ Widowed
 HUSBAND OF (OR) WIFE OF Anna A. (Brand) Kimpel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
56 2 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Brewer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation 3 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri 0

FATHER 13. NAME John Kimpel 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 1

MOTHER 15. MAIDEN NAME Elizabeth Bonert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio

17. INFORMANT Paul H. Kimpel, Jr.
 (ADDRESS) 5317 Ruskin Avenue

18. ~~TYPE OF~~ CREMATION, OR ~~DISPOSAL~~
 PLACE Valhalla Crem. DATE 9/1/38 19

19. FUNERAL DIRECTOR Kraeger-Voss-Fix
 (ADDRESS) 3402 N. Kingshighway

20. FILED J. T. Buehler 19
 (Address) 5330 Geraldine
 Local Registrar

AUG 31 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1936 to Aug 29, 1938

I last saw him alive on Aug 28, 1938 Death is said to have occurred on the date stated above, at 6:15 a. m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial nephritis 1/21
 Date of onset Don't know

Other contributory causes of importance:

Cardiac Decompensation June 1938

Name of operation none Date of none

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? X Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify

(Signed) Roland J. Merowick M. D.
 (Address) 5330 Geraldine

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Guy W. Wilkinson

Licensed Embalmer No. 3575

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.)