No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39531

Registration District No. 780 Primary Registration District No. 111 Registrar's No. 2452

96
8
3

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Mons (Specify whether
In this community 3 Mons 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 17 9
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1834a S. 9th St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME DONALD WIMBER
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife ---
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased Feb. 18, 1932 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	9	9	15	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation At School
11. Industry or business
FATHER
12. Name David Wimber
13. Birthplace West Alton (City, town, or county) Missouri 0 (State or foreign country)
MOTHER
14. Maiden name Sophie Bauman
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant David Wimber
(b) Address 1834a S. 9th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 6-41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Wm. C. Maydell
(b) Address 1926 Allen Ave.
19. (a) DEC 4 1941 (Date received local registrar) (b) G. McGovern (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 3 year 1941 hour 1:30 minute A M.
21. I hereby certify that I attended the deceased from Sept. 23, 1941, to Dec 3, 1941; that I last saw him alive on Dec. 2, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death BRAIN TUMOR Left Pons (Type undetermined until Autopsy Microscopic Slides obtained) — Duration 3 mons.
~~Due to~~
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy BRAIN TUMOR

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Roy A. Highsmith (M. D. or other) M.D.
Address St. Mary's Hospital Date signed 12-3-41

101

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl... the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2452

Registration District No. 784 Primary Registration District No. 111 Registrar's No. ~~2453~~

SUPPLEMENTARY

1. PLACE OF DEATH

(a) County St Louis

(b) City or town Rich. Hgts
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Mary's Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County .....

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1834A 9th St
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Donald Wember

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased ..... (Month) ..... (Day) ..... (Year)

8. AGE: Years 9 Months 9 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) ..... (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name .....
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name .....
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)

16. (a) Informant .....
(b) Address .....

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....

18. (a) Signature of funeral director .....
(b) Address .....

19. (a) ~~3-13-41~~ (Date received local registrar) (b) F J McGann Mo Mgr (Registrar's signature)
12-4 41

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 3
year 1941 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..... , 19.....;
that I last saw h..... alive on ..... , 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to 54a	
Other conditions ..... (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy Spongioblastoma

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) ..... (County) ..... (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature ..... (M. D. or other) .....
Address ..... Date signed .....

5-39531