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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22287

ED JUL 12 1943

State File No.

Registration District No. 310

Primary Registration District No. 305-8

Registrar's No. 116

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

1. PLACE OF DEATH:

(a) County St Charles
(b) City or town St Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
320 Maurer St
(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 Missouri (b) County St Charles
(c) City or town St Charles 922
(If outside city or town limits, write "RURAL")
(d) Street No. 320 Maurer St 9
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Diane Courtney Nimprey

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced. — 0
6. (c) Age of husband or wife if alive. — years
7. Birth date of deceased August 31 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
— 9 26 hr. min.

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

10. Usual occupation None

11. Industry or business

MOTHER FATHER { 12. Name Jack Nimprey
Linn Creek 13. Birthplace MO
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jones
15. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Nimprey
(b) Address Buried
17. (a) Buried (b) Date thereof June 29, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director Haldeman - Baum
(b) Address 326 76th St St Charles MO

19. (a) June 29, 1943 (b) Ernest G Paul
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1943 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from Coroner's Viewing of Body
that I last saw him alive on Body and that death occurred on the date and hour stated above.
Duration 157a
Immediate cause of death Trauma

Due to Left Cerebral Hemorrhage
Internal Hydrocephalus

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 157a
Of autopsy As above cause of death
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?.....

While at work? (Specify type of place) (c) Means of injury.....
23. Signature A P Erich Schatz
Address St Charles MO Date signed 7/28/43

1340

(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.....*Arthur C. Gove*.....

Licensed Embalmer No. *3145*.....

P. O. Address.....*St Charles 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 this body is not embalmed, fact should be so stated above.