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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10972

FILED DEC 28 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Homer G Phillips Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 922 Biddle (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William Wimberly

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased March (Month) 18 (Day) 1884 (Year)

8. AGE: Years 61 Months 8 Days 26 If less than one day hr. min.

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

10. Usual occupation Janitor

11. Industry or business Met. Police Dept

MOTHER FATHER

12. Name Ash Wimbeley

13. Birthplace Hamburg (City, town, or county) Ark (State or foreign country)

14. Maiden name Lizzie Miller

15. Birthplace Hamburg (City, town, or county) Ark (State or foreign country)

16. (a) Informant Nancy Russell

(b) Address 922 Biddle St

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-17-45 (Month) (Day) (Year)

(c) Place: burial or cremation Hamburg Ark

18. (a) Signature of funeral director Rowland Mortuary

(b) Address 4385 Washington Ave

19. (a) DEC 17 1945 (Date received local registrar) (b) J. F. O'Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14 year 1945 hour 12 minute 20 P.M.

21. I hereby certify that I attended the deceased from 11-9, 1945, to 12-14, 1945; that I last saw him alive on 12-14, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Embolism	Unk
Laryngeal Spasm	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy No

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 B. H. Phillips (M. D. or other)

Address 7601 N Whitten Date signed 12/17/45

(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 L Boy

.....; Registered Apprentice No. Myself

working under my personal supervision.

Signed Lonnie Boyd

Licensed Embalmer No. 2946

P. O. Address St Louis M

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

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