No. 2
—2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8092

FILED MAR 6 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1747

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

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: Enroute to Homer Phillips Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 4249a Maffitt Ave. (If rural, give location) 11 90

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

If yes, name country

3. (a) PRINT FULL NAME George C. Wimbley

3. (b) If veteran, name war

3. (c) Social Security No. 499-05-3259

4. Sex Male 2

5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased July (Month) 5 (Day) 1892 (Year)

8. AGE: Years 53 Months 7 Days 15 If less than one day hr. min.

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

10. Usual occupation Porter

11. Industry or business Laundry

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

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

16. (a) Informant Julia Wimbley

(b) Address 3725 Cook Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 25 '46 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Russell Undt. Co.

(b) Address 2732 Pine Street

19. (a) FEB 21 1946 (Date received local registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20th year 1946 hour 1:42 minute P. M.

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

Immediate cause of death Cerebral Apoplexy

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 3

23. Signature Patrick E. Taylor ~~(M. D. or other)~~

Address Deputy Coroner Date signed 2-21-46

(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 Joel Russell

Licensed Embalmer No. 4112

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.