FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 15 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25727

Registrar's No. 2024

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: City Hospital-Max C. Starkloff Mem.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 11 days (Specify whether years, months or days)
In this community: 73

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 0
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 4747 Milentz
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Margaret Kimsey
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: Female
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Charles Kimsey
6. (c) Age of husband or wife if alive: dead years
7. Birth date of deceased: February 2nd 1874 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	5	25	hr. min.

9. Birthplace: St. Louis Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: housework
11. Industry or business: Home
MOTHER FATHER
12. Name: Joe Fueglein
13. Birthplace: Germany (City, town, or county) (State or foreign country)
14. Maiden name: Barbara Heylein
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Anna Tinsley
(b) Address: 4747 Milentz Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 30th 1947 (Month) (Day) (Year)
(c) Place: Burial or cremation: S.S. Peter & Paul
18. (a) Signature of funeral director: Henry Weidenmueller
(b) Address: 6203 Gravois Ave.
19. (a) JUL 26 1947 (Date received local registrar) (b) W. Bridges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 27 day year 1947 hour 9 minute 10 P.M.
21. I hereby certify that I attended the deceased from 21, 19, to, 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: Fracture right arm (Colles) arteriosclerosis when CONVERSE slipped and fell outside walk at home of Neighbor on July 6 Due 1947

Other conditions (Include pregnancy within 3 months of death): 18

Major findings: Of operations: 38

Of autopsy: 15

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident
(b) Date of occurrence: July 6 1947
(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? Public Place (Specify type of place)
While at work? No (e) Means of injury: Fall
23. Signature: Edward E. Gaylor (M.D. or other)
Address: City Date signed 7/29/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

-1/47
5-17-39

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.....

Licensed Embalmer No.....

P. O. Address.....

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.