

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007805

STATE FILE NUMBER

2 1682

FILED MAR 10 1959

Registration District No.

Primary Registration District No.

Registrar's No.

300
1-57

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Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G Phillips		d. STREET ADDRESS (If outside, give location) 3317 A Franklin Ave	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ALLEN Middle WIMBERLEY Last WIMBERLEY			4. DATE OF DEATH Month 2 Day 12 Year 1959
5. SEX Male	6. COLOR OR RACE NEGRO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-5 --1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) YARN LABOR		10b. KIND OF BUSINESS OR INDUSTRY NONE	9. AGE (In years last birthday) 56
11. BIRTHPLACE (City and state or country) ARK		12. CITIZEN OF WHAT COUNTRY? U. S. A	
13a. FATHER'S NAME ALEX WIMBERLEY		13b. MOTHER'S MAIDEN NAME SARAH WASHINGTON	
14. NAME OF HUSBAND OR WIFE ROSIE WIMBERLEY, SISTER 5601 VERDON		16. SOCIAL SECURITY NO.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT ROSIE WIMBERLEY, SISTER 5601 VERDON	
Address		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute tracheo bronchitis with broncho pneumonia, right upper lobe			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 500x			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Patrick Taylor Coroner		22b. ADDRESS 1300 Clark	
		22c. DATE SIGNED 2-17-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2-18-1959	
23c. NAME OF CEMETERY OR CREMATORY FATHER DICKSON CEMETERY		23d. LOCATION (City, town, or county) (State) 408 S FILLMORE MO	
24. FUNERAL DIRECTOR E. J. GOLDEN 3404 DELMAD		25. DATE RECD. BY LOCAL REG. FEB 17 59	
		26. REGISTRAR'S SIGNATURE Paul Smith. M.D.	

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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Leroy H. Burdette*

Licensed Embalmer No. *4523*

P. O. Address *4251 Washington*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.