# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

30383

1. PLACE OF DEATH

County ..... Registration District No. 78 St. Louis City

Township ..... Primary Registration District No. .....

City St. Louis (No. 8721 Halls Ferry Rd. St. ..... Ward)

File No. 8033

Registered No. .....

2. FULL NAME Fred Leinkuehler

(a) Residence, No. 8721 Halls Ferry Rd. / Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 18, 1865

7. AGE: Years 66 | Months 11 | Days 15 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor 237

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dissen, Germany

FATHER

13. NAME: Casper Leinkuehler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 31

MOTHER

15. MAIDEN NAME: Charlotte Koenig

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mr. Bundenthal 8721 Halls Ferry Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem DATE Sept 5, 1932

19. UNDERTAKER (ADDRESS): Theo. W. Bedemeier Sun Home 1936 St. Louis Ave.

20. FILED SEP -4 1932 Clay C. Hanley Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1932 to Sept. 2, 1932

I last saw h. alive on Sept. 1, 1932. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Aoertic Insuffency. | |
| 92A | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) O. A. Vanstrefen, M. D.

(Address) 8313 Halls Ferry Rd.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.