

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

Do not use this space.

APR 25 1934

1. PLACE OF DEATH

County Registration District No. **791**
1003
Township Primary Registration District No.
City **St Louis** (No. **3808**, **Labadie Ave**) St. Ward)

File No. **11019**
2878
Registered No.
St. Ward)

2. FULL NAME

Anna Leimkuehler
(a) Residence, No. **3808 Labadie** St., **10** Ward. (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 Female	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Leimkuehler		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24, 1860		
7. AGE	YEARS 73	MONTHS 10
	DAYS 25	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife	
	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	

MOTHER / FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo
	13. NAME Fred Kromminger
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
	15. MAIDEN NAME Dorothy Kromminger
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
	17. INFORMANT Henry Leimkuehler (ADDRESS) 3808 Labadie Ave
	18. BURIAL, CREMATION, OR REMOVAL PLACE Grand Cemetery DATE 3 23 34
	19. UNDERTAKER Wiegmann & Martini (ADDRESS) 4328 Washington Highway
	20. FILED J.P. Budeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 21, 1934**
22. I HEREBY CERTIFY, That I attended deceased from **Feb 5**, 19**34**, to **Mar 20**, 19**34**.
I last saw her alive on **Mar 20**, 19**34**. Death is said to have occurred on the date stated above, at **8 P.** m.

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

Myocarditis Ch
Arteriosclerosis
Hemiplegia, rt.
Date of onset

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 **Joseph W. Lammie**, M. D.
(Signed) **Joseph W. Lammie**
(Address) **3720 Washington Ave**
St Louis

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.

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Beaumont Bldg.

JAN 19 1951