

REC'D MAR 13 1939

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

5992  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
(b) Township \_\_\_\_\_ Primary Registration District No. 1001 Registered No. 203  
(c) City St. Joseph (d) Street No. \_\_\_\_\_ Missouri Methodist Hospital st.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 48 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

5116 Christopher Limberg  
(a) Residence, No. 906 Randolph St., St. Joseph, Mo. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Elizabeth Limberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 11 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shipping Clerk  
9. Industry or business in which work was done, as 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) Unknown  
Germany

FATHER 13. NAME Andrew Limberg  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ebbaubun,  
Germany

MOTHER 15. MAIDEN NAME Anna Katherine Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
Germany

17. INFORMANT Mrs. Harry M. Anderson  
(ADDRESS) St. Joseph, Missouri

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Ashland DATE March 2, 1939

19. FUNERAL DIRECTOR Walter Meierhoffer  
(ADDRESS) 1302 Faraon, St. Joseph, Mo.

20. FILED March 1, 1939 H. J. Nestlebrink  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1939, to 2-28-39, 1939

I last saw him alive on 2-28-39 Death is said to have occurred on the date stated above, at 1:50 P. m.

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

Cerebral Hemorrhage Date of onset 2 da.

Other contributory causes of importance: Unknd. Abnormal General ?

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Fundus Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? M Date of injury \_\_\_\_\_, 1939

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? no  
If so, specify \_\_\_\_\_

(Signed) H. J. Nestlebrink, M. D.  
(Address) Phys. & Surg. Bldg.

**STATEMENT BY LICENSED EMBALMER**

I, Wilbur Kelly, Licensed Embalmer No. Mo. 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed W. H. Kelly

Licensed Embalmer No. Mo. 3946

**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.)**