

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

16546
 Do not use this space.

RECD JUN 12 1939

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
 (b) Township St. Louis Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. 114 Ella Registered No. 4080
 (e) Length of residence 524 in city or town where death occurred mo. da. (If death occurred in Hospital or Institution, write its name instead of street and number) mo. da.
 (f) How long in U. S., if of foreign birth? mo. da.

2. PRINT FULL NAME

(a) Residence, 114 Ella Ave St. 6 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife Feimbuehler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 13 - 1894

7. AGE YEARS 64 MONTHS 5 DAYS 19 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Contractor
 9. Industry or business in which work was done, as saw mill, bank, etc. Contractor
 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) St. Louis

FATHER 13. NAME Ag Feimbuehler

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Wilhelma Buetter

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) 114 Ella Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's May 4 1939

19. FUNERAL DIRECTOR (NAME AND ADDRESS) Wm. H. Stewart 1225 Mason Blvd

20. FILED MAY 3 1939 Jo Redick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Chronic Myocarditis
Arteriosclerosis

Other contributory causes of importance:

Name of operation _____ Date of _____
93C
 What test confirmed diagnosis? _____ Was there an autopsy? No

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? No
 If so, specify _____
 (Signed) Joseph M. Quinn, M.D.
 (Address) Deputy Coroner

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

I X 16503

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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.....

BERNARD H. J. STUART

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Bernard H. J. Stuart

Licensed Embalmer No.....

3500

P. O. Address.....

1225 Union Bl

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, above space should be left blank.

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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(a) County Registration District No. 791
(b) Township Primary Registration District No. 1003
(c) City St Louis (d) Street No.

Registered No. 4080

(e) Length of residence in city or town where death occurred yrs. mos. da. (If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Jenny Albert LEIMKUEHLER
(a) Residence, No. St. Leimkuehler
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m
(write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 5 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE, 19.....

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 6/21/39 J. B. Brueck Local Registrar

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(Signed) Joseph M. Quinn M. D.
(Address) Deputy Coroner

SUPPLEMENTARY

JUN 14 1939