DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34401 8939

Registration District No. 1003

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

REC'D NOV 13 1939

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 127

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. #8 Lenox Place
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Edward Limberg

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Virginia Foster Limberg

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased June (Month) 22 (Day) 1888 (Year)

8. AGE: Years ~~53~~ 51 | Months 3 | Days 28 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Insurance

FATHER
12. Name Rudolph Limberg
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ellie Koehler
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Ed. Limberg Jr.
(b) Address #2 Lenox Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/21/39 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetary

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) OCT 20 1939 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20 year 1939 hour 12 am. minute 08 a.m.

21. I hereby certify that I attended the deceased from October 13, 1939, to Oct. 20, 1939; that I last saw him alive on Oct. 19, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage (non traumatic)

Due to High blood pressure

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy none

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury

23. Signature W. M. Winn (M. D. or other)
Address 462 N. Taylor Ave. Date signed 10-20-39

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 Form 1 X19511

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.