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No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19863

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4811

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: City Hospital, #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 Days (Specify whether In this community Unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 25

(d) Street No. 507½ North Sixth St., (If rural, give location)

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

3. (a) PRINT FULL NAME Aloysius Limbach 512

3. (b) If veteran name war Unknown (489-12-2210) 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased June 22, 1887 (Month) (Day) (Year)

8. AGE: Years 52 Months 10 Days 2 If less than one day hr. min.

9. Birthplace Chicago, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Peddler

11. Industry or business Unknown

FATHER
12. Name August Limbach
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Augusta (Unknosn
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Ann Morrison
(b) Address City Hospital, #1

17. (a) (Burial, cremation, or removal) (b) Date thereof 5/7/40 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. Richter
(b) Address 3500 Rutgers

19. (a) JUN 3 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24, year 1940 hour 10:45 minute A. M.

21. I hereby certify that I attended the deceased from March 29, 1940 to April 24, 1940; that I last saw him alive on April 24, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma - Primary site undetermined

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature V. E. Friedrich (M. D. or other)

Address 1515 Lafayette, C Date signed 4/24/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.