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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37199

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 9472

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 2911 Salena St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether 2-0
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")

(d) Street No. 2911 Salena St
(If rural, give location)

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

3. (a) PRINT FULL NAME Leonard Wimmer

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 17 (Day) 1862 (Year)

8. AGE: Years 78 Months 7 Days 0 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Beer Bottler 6

11. Industry or business Schorr-Kolkschneider

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

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

16. (a) Informant Louise Stecher
(b) Address 2911 Salena St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-40 (Month) (Day) (Year)
(c) Place: burial or cremation New Pickers Cem

18. (a) Signature of funeral director Witt Bros. L & N Co
(b) Address 2929 S. Jefferson Av.

19. (a) NOV 19 1940 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17
year 1940 hour 11 minute 30 a. M.

21. I hereby certify that I attended the deceased from Dec 20, 1935, to 11-16, 1940
that I last saw him alive on 11-16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Natural disappearance

Due to

Due to

Other conditions Chr Bronchitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: yrs

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 H. S. Pyne (M. D. or other)
Address 1803 Pestalozzi Date signed 11-18/40

(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 Paul A. Shanklin, Registered Apprentice No. ..... working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 2929 S. Jeffer

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

If this body is not embalmed, fact should be so stated above.