No. 2
11-10-39
5-17-39
1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

40257

State File No.

JAN 15 1941 791

Registration District No.

Primary Registration District No. 1003

Registrar's No. 10028

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

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: Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether

In this community 40 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")

(d) Street No. 137 St. George St. NR
(If rural, give location)

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

3. (a) PRINT FULL NAME Minnie Limberg

3. (b) If veteran, name war Nil

3. (c) Social Security No. Nil

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife August C. Limberg

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

7. Birth date of deceased December (Month) 13 (Day) 1868 (Year)

8. AGE: Years 71 Months 11 Days 22 If less than one day hr. min.

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

10. Usual occupation Housework 4

11. Industry or business

FATHER
12. Name George Engel
13. Birthplace UNKNOWN (City, town, or county) England (State or foreign country) 6

MOTHER
14. Maiden name Minnie Scheible
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Oscar Limberg

(b) Address 72 Bellrive Acres, Normandy, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 7 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cem.

18. (a) Signature of funeral director Suedmeyer & Sons

(b) Address 3934 N. 20th St.

19. (a) DEC 6 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5 year 1940 hour 10 minute 35 A M.

21. I hereby certify that I attended the deceased from Nov 14, 1940, to Dec. 5, 1940; that I last saw her alive on Dec. 4, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Interstitial nephritis	11-14 to
Caused by chr nephritis	12-5-40
Due to	
Due to	
Other conditions Myocardial degenerecy (Include pregnancy within 3 months of death)	

Major findings:
Of operations 131
Of autopsy

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 1

23. Signature Arthur W Weshay (M. D. or other)

Address Webster Groves Mo Date signed 12-6-40

(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 Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address 4204 Prairie

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.