

**STANDARD CERTIFICATE OF DEATH**

State File No. **30082**

X28390

**791**

**1003**

Registrar's No. **7421**

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

**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:  
**Firmin Desloge**  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME **William Limpert**

3. (b) If veteran, name war **No** 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased **Sept. 13 1941**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				<b>8</b> hr. _____ min.

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

10. Usual occupation **None**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **George L. Limpert**

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

14. Maiden name **Amelia Rutkusky**  
**Pennsylvania**  
(City, town, or county) (State or foreign country)

16. (a) Informant **George L. Limpert**

(b) Address **4361 Beck Ave.**

17. (a) **Burial** (b) Date thereof **Sept. 15. 41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old S. S. Peter & Paul**

18. (a) Signature of funeral director **J. P. Bredich**

(b) Address **1926 Allen Ave.**

19. (a) **SEP 14 1941** (b) **J. Bredich**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County \_\_\_\_\_  
 (c) City or town **St. Louis,**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **4361 Beck**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **SEPT** day **13**  
 year **1941** hour **5** minute **55 P.M.**

21. I hereby certify that I attended the deceased from **SEPT. 13**  
**11:18 AM, 1941,** to \_\_\_\_\_, 1941;  
 that I last saw him alive on **SEPT 13**, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
**CONGENITAL ATELECTASIS** **7mo.**

Due to \_\_\_\_\_ **W**

Due to \_\_\_\_\_ **W**

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy **ATELECTASIS OF BOTH LUNGS**

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 **J. P. Ferguson** (M. D. or other) **M.D.**

Address **1305 S. Grand** Date signed **9/14/41**

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

**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.....

*Benj. E. Duncan*

Licensed Embalmer No. *2272*

P. O. Address. *1926 Allen*

**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, fact should be so stated above.**