S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4623

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1820

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: 5974 Minerva 0
(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

2. USUAL RESIDENCE OF DEACESED: 000

(a) State Missouri (b) County 6. 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 5974 Minerva 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Alice Leimkuehler

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Henry Leimkuehler

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

7. Birth date of deceased July (Month) 28 (Day) 1878 (Year)

8. AGE: Years	Months	Days	If less than one day
63	6	28	hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Henry McClain
13. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Nancy Richards
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. Dorthy Corbin
(b) Address 5974 Minerva

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 28 1942 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave

19. (a) FEB 27 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26 year 1942 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from Feb 21st 1942 to Feb 26th 1942 that I last saw her alive on Feb 25th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver. — Duration 1 yr

Due to

Due to

Other conditions Catarrhal Gall Bladder & Indigestion (Include pregnancy within 3 months of death) — 6 mo

Major findings:
Of operations
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 0

23. Signature Blanche H. Allen (M. D. or other)

Address 5328 Page Blvd Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr.Claude Allen
5328 Page Blvd.
7 & 8 P.M.

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 Geo W Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis Mo

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.