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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4468

State File No. ....

Registrar's No. ....

FILED MAR 15 1943 318

Registration District No. ....

Primary Registration District No. .... 1003

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:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 5 Days (Specify whether  
In this community ..... (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. 100  
(c) City or town. St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 3106 South 7th. St. (If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country. 0

3. (a) PRINT FULL NAME Emil Limmer

3. (b) If veteran, name war. No. ....  
3. (c) Social Security No. 489-09-6964

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

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

7. Birth date of deceased. April 22 1893  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
49 10 10 hr. .... min.

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

10. Usual occupation. Beer brewer

11. Industry or business. ....

12. Name. Joseph Limmer

13. Birthplace. Austria  
(City, town, or county) (State or foreign country)

14. Maiden name. Unknown

15. Birthplace. Austria  
(City, town, or county) (State or foreign country)

16. (a) Informant. Joseph Hauser

(b) Address. 3631 Salina

17. (a) Burial (b) Date thereof. 3/6/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Lakewood Park

18. (a) Signature of funeral director. W. Schumacher

(b) Address. 3013 Meramec

19. (a) MAR 5 1943 (b) J. J. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. March day. 2,  
year. 1943 hour. 10:00 minute. 35 P. M.

21. I hereby certify that I attended the deceased from February 26,  
1943 to March 2, 1943;  
that I last saw him alive on March 2, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death. Cirrhosis of the liver

Due to. Chronic alcoholism

Other conditions. Chronic alcoholism  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations. ....  
Of autopsy. ....

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. Frank U. Stanley (M. D. or other) M.D.  
Address. 1515 Lafayette Date signed. 3/2/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

**George N. Archambault**

, Registered Apprentice No. **XXXXXXX**

working under my personal supervision.

Signed

*George N. Archambault*

Licensed Embalmer No. **2906**

P. O. Address **3013 Meramec**

**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.**