

S. No. 2
-12-45
5-17-39
P I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

314,35

Registration District No. 317

Primary Registration District No. 6676

State File No. _____

Registrar's No. 1994

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution:
Manchester Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether _____)

In this community _____
years, months or days) _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Louis 96

(c) City or town Normandy
(If outside city or town limits, write "RURAL") 0

(d) Street No. 6907 Alberici 1 0
(If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Henry J. Leimkuehler

3. (b) If veteran, name war. None

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22 year 1946 hour 8:40 minute A M.

21. I hereby certify that I attended the deceased from Feb 3 1946 to Sept 22 1946 that I last saw him alive on Sept 21 1946 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased Feb. 1st 1946
(Month) (Day) (Year)

Immediate cause of death acute cardiac failure 2 day Duration _____

Due to Ch. myocarditis

Due to _____

Other conditions Sev. arteriosclerosis

(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

87	7	21	hr. _____ min. _____
----	---	----	----------------------

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Cabinet Maker

11. Industry or business Famous-Barr Co. (Retired)

12. Name Frank Leimkuehler

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

14. Maiden name Anna Henke

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

16. (a) Informant Mrs. D. Borbein

(b) Address 6907 Alberici

17. (a) Burial (b) Date thereof 9 25 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Zion Cemetery

(b) Address 4228 So. Kingshighway Bl.

19. (a) 9-26-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) MD

Address Creve Coeur, Mo. Date signed 9-24-46

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

MOTHER FATHER

OCT 8 1946

OCT 11 1946

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.....
James W. Bennett

Licensed Embalmer No..... *3026*

P. O. Address.....

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.