V. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 20 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36474

Registration District No. 3-47

Primary Registration District No. 3063

Registrar's No. 2172

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hour - 8 min. (Specify whether
In this community 8 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town Sappington O (If outside city or town limits, write "RURAL")
(d) Street No. Rt. 6 - Box 2078 O (If rural, give location)
(e) Citizen of foreign country? (~~Yes~~ or No)
If yes, name country

3. (a) PRINT FULL NAME Harry Leimkuehler
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced M /
6. (b) Name of husband or wife Jewel Christman
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased February (Month) 12 (Day) 1892 (Year)

8. AGE: Years 55 Months 8 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Real Estate Appraiser
11. Industry or business Tower Grove Bank
FATHER
12. Name Henry Leimkuehler
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Anna Krenning
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Jewel Leimkuehler
(b) Address Rt. 6 - Box 2078 - Sappington, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) 10-16-47 (Date received local registrar) (b) Cecil C. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13 year 1947 hour 7 minute 08 p. M.

21. I hereby certify that I attended the deceased from October 13, 1947, to October 13, 1947; that I last saw him alive on October 13, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Basilar skull fracture	2 hrs
Due to Trauma	
Due to	
Other conditions Laceration st. Kidney (Include pregnancy within 3 months of death)	2 hrs

Major findings:
Of operations
Of autopsy same

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence October 13, 1947
(c) Where did injury occur? (City or town) St. Louis (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway (Specify type of place)
While at work? No (e) Means of injury Struck by Auto

23. Signature Robert H. Kuhl (M. D. or other) M.D.
Address 601 Brentwood Clayton Mo. Date signed 10-13-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

OCT 30 1947

NOV 3 1947

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.