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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 24 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31198

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8164

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: 2903 a Texas Ave. 1
(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 Missouri (b) County 17

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

(d) Street No. 2903 a Texas Ave 5
(If rural, give location)

(e) Citizen of foreign country? 24 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry Leimkuehler

3. (b) If veteran, name war None

3. (c) Social Security No. 497-05-9816

4. Sex M U

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Wife Ella Leimkuehler

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Jan. (Month) 10, (Day) 1877 (Year)

8. AGE: Years 71 Months 8 Days 7 If less than one day hr. min.

9. Birthplace Oakawille (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Grocery man

11. Industry or business

FATHER
12. Name Herman Leimkuehler 1
13. Birthplace Germany (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Caroline Hohlt
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Ella Leimkuehler 1
(b) Address 2903 a Texas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Witt Bros. L. & U. Co.
(b) Address 2929 S. Jefferson Ave.

19. (a) SEP 18 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17
year 1948 hour 5 minute 45 a.M.

21. I hereby certify that I attended the deceased from Dec 30th, 1947, to Sept 16th 1, 1948
that I last saw him alive on Sept 16, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Mt. Sigmoid, Liver & Bladder. In all — Duration 2 yrs

Due to Primary in Intestinal Gland

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations as above, May 48.

Of autopsy no.

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

22. If death was due to external causes, fill in the following: no
(a) Accident, suicide, or homicide (specify) no.
(b) Date of occurrence None
(c) Where did injury occur? (City or town) (County) (State) None
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no
(Specify type of place)
While at work? no. (e) Means of injury no

23. Signature T. A. O'Brien. (M. D. or other)
Address No 8-1657 So. Grand Blvd Date signed Sept 17 48

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 374

P. O. Address 2929 [illegible]

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.