

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **279**

FILED JAN 21 1949

BIRTH NO. _____		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 88
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)		
a. COUNTY Buchanan		a. STATE Missouri b. COUNTY Buch.		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		
c. LENGTH OF STAY (In this place) life		d. STREET ADDRESS (If rural, give location) 421 So. 6th (Savoy Hotel)		
d. FULL NAME OF HOSPITAL OR INSTITUTION Savoy Hotel				
3. NAME OF DECEASED		4. DATE OF DEATH		
a. (First) William		b. (Middle) _____		c. (Last) Limberg
(Type or Print)		(Month) 1- (Day) 8 (Year) 49		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 2	8. DATE OF BIRTH Jan. 18, 1900	9. AGE (In years last birthday) 48 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Fairbanks Garage		11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri
				12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Chris Limberg		13b. MOTHER'S MAIDEN NAME Lizzie Fiscus		14. NAME OF HUSBAND OR WIFE Cynthia
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 887-14-6721		17. INFORMANT'S SIGNATURE OR NAME John Limberg - Industrial City, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cerebral Hemorrhage		DUPLICATE (b) General Arteriosclerosis		1 day
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c) Man was found dead in his room at his hotel, apparently had died in his sleep without any previous severe illness or disease.		1 year
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph Mo. Buchanan
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? U
22. I hereby certify that I attended the deceased from 1/8 1949, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8 A m., from the causes and on the date stated above.				
22a. SIGNATURE (Degree or title) (Coroner) H. F. Mundy M.D.		23b. ADDRESS St. Joseph Mo. 404 So. 2nd St.		23c. DATE SIGNED 1/8/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-10-49		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery
		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Jan 22, 1949		REGISTRAR'S SIGNATURE G. B. Jenkins		25. FUNERAL DIRECTOR'S SIGNATURE Stoney Funeral Home
		382		ADDRESS St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

No. 900
10.48

JAN 24 1940

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 _____
_____, Student Embalmer No. _____
working under my personal supervision.

Signed.....
Student Embalmer

Signed Charles M. Harman

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.