

FILED AUG 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28402

State File No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7023			
1. PLACE OF DEATH a. COUNTY St. Louis Mo				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 15 St. Louis 2159					
d. FULL NAME OF HOSPITAL OR INSTITUTION 3417 Montana				d. STREET ADDRESS (If rural, give location) 3417 Montana 0					
3. NAME OF DECEASED (Type or Print) a. (First) Louise		b. (Middle) -		c. (Last) Leimgruber		4. DATE OF DEATH 8-17-1950 (Month) (Day) (Year)			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid. 2		8. DATE OF BIRTH 5 1870			
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months 2 Days _____		IF UNDER 1 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) St. Louis Mo		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Boniface Heil		13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE Deceased					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Fern Lapert 3411 Montana					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 592X					
22. I hereby certify that I attended the deceased from July 7, 1950 , to August 17, 1950 , that I last saw the deceased alive on August 12, 1950 , and that death occurred at 12 NOON , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Nicholas A. Young M.D.				23b. ADDRESS 4307 S. Grand Blvd		23c. DATE SIGNED Aug. 18, 1950			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-19-1950		24c. NAME OF CEMETERY OR CREMATORY St. Mathews		24d. LOCATION (City, town, or county) (State) St. Louis Mo			
DATE REC'D BY LOCAL REG. AUG 18 1950		REGISTRAR'S SIGNATURE J. B. Bassett		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WINGBERMUEHLE 3819 S. GRAND Blvd					

WRITE PLAINLY—USING UNFAADING 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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Geo. W. Ringhermuelle*
Licensed Embalmer No. *4611*
P. O. Address *St. Louis Mo*

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.