

U.S. No. 300
REV. 10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10251**
Registrar's No. **2581**

FILED MAR 29 1952

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2581		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2159				
d. FULL NAME OF HOSPITAL OR INSTITUTION Marian Hospital				d. STREET ADDRESS (If rural, give location) 5319 Minnesota Ave.				
3. NAME OF DECEASED (Type or Print) ARTHUR		a. (First) _____		b. (Middle) O.		c. (Last) LEIMBACH Sr.		
4. DATE OF DEATH Mar. 17 1952		(Month) _____		(Day) _____		(Year) _____		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /		8. DATE OF BIRTH July 24, 1894		
9. AGE (In years last birthday) 57		IF UNDER 1 YEAR _____		IF UNDER 1 YEAR _____		IF UNDER 1 YEAR _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician-U. S.		10b. KIND OF BUSINESS OR INDUSTRY Post Office		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY _____		
13a. FATHER'S NAME Rudolph Leimbach			13b. MOTHER'S MAIDEN NAME Wilhelmina Lipphardt			14. NAME OF HUSBAND OR WIFE Rosa B. Leimbach		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes World War I			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Rosa B. Leimbach ADDRESS 5319 Minnesota Av.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Intercurrent Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 2 days 1 yr	
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) _____ (Minute) _____		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201						
22. I hereby certify that I attended the deceased from FEB. 6, 1951 , to MAR. 17, 1952 , that I last saw the deceased alive on MAR. 17, 1952 , and that death occurred at 3:00 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE [Signature] (Degree or title) MD				23b. ADDRESS 5600 P. Compton		23c. DATE SIGNED 3/18/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal II		24b. DATE Ma. 20, 1952		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.		
DATE REC'D BY LOCAL REG. MAR 18 1952		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Kriegshauser 4228 S. Kingshighway Bl				

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

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

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.