

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11028

State File No. ....

FILED MAR 20 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 497

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jennings</u>		c. LENGTH OF STAY (In this place) <u>15 mo</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jennings</u> <u>4138</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Elms Convalescent Home</u>		d. STREET ADDRESS (If rural, give location) <u>2520 McLaran Ave.,</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Edgar H.</u>	b. (Middle) <u>Limberg</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 23rd, 1952</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Dec 15th, 1878</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Augusta, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>Frederick Limberg</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Hackman</u>	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME <u>Ella Meinhardt</u>	ADDRESS <u>8510 Lowell St.,</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Amiotrophic lateral sclerosis</u>		<u>unknown</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>3561</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>		<u>unknown</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Dec 27, 1950, to Feb 23, 1952, that I last saw the deceased alive on Feb 22, 1952, and that death occurred at 7A m., from the causes and on the date stated above.

23a. SIGNATURE. <u>Lewis Littmann MD</u>	(Degree or title)	23b. ADDRESS <u>9231 Clayton Rd (17)</u>	23c. DATE SIGNED <u>2/23/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>2/26/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Augusta Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Augusta, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-24-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Bomke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Diedrich F. Home</u>	ADDRESS <u>8319 Hallsferry</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 Eleana Torince

Licensed Embalmer No. 3403

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.