

LED MAR 31 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11894
State File No. _____
2774
Registrar's No. _____

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|--|-------------------------------|---|--|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | PRIMARY REG. DIST. NO. 1003 | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____ | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri | | c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis Mo. 2099 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital | | | d. STREET ADDRESS (If rural, give location) 4230 North II th St | | |
| 3. NAME OF DECEASED (Type or Print) FRED | | a. (First) | b. (Middle) | c. (Last) LEIMBERG | 4. DATE OF DEATH (Month) MARCH (Day) 12 (Year) 1953 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3 | | 8. DATE OF BIRTH May 6 1879 | 9. AGE (In years last birthday) 73 # UNDER 1 YEAR _____ # UNDER 1 MONTH _____ # UNDER 1 WEEK _____ # UNDER 1 DAY _____ # UNDER 1 HOUR _____ # UNDER 1 MIN. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sausage Maker | | 10b. KIND OF BUSINESS OR INDUSTRY Retired | | 11. BIRTHPLACE (City and State or Foreign Country) Gruiten Germany 4 | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A | | 13a. FATHER'S NAME Fredrick Leimberg | | 13b. MOTHER'S MAIDEN NAME Wilhemina Fortmann | |
| 14. NAME OF HUSBAND OR WIFE _____ | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT'S SIGNATURE OR NAME Fridel Garza | | 18. ADDRESS 2500 Salsbuary St | | 19. INTERVAL BETWEEN ONSET AND DEATH several months | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung ANTECEDENT CAUSES 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. |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input checked="" 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) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 163.X | |
| 22. I hereby certify that I attended the deceased from 2-22-53 , 19____, to 3-12-53 , 19____, that I last saw the deceased alive on 3-12-53 , 19____, and that death occurred at 9:00A m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE Carluer, M.D. | | (Degree or title) 0 | | 23b. ADDRESS 1515 Lafayette Avenue | |
| 23c. DATE SIGNED 3-12-53 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE March 16 | |
| 24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery | | 24d. LOCATION (City, town, or county) St Louis Mo | | (State) _____ | |
| DATE REC'D BY LOCAL REG. MAR 14 1953 | | REGISTRAR'S SIGNATURE J. Earl Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE Stroot-Carroll | |
| ADDRESS 4600 Natural Bridge | | 25. ADDRESS _____ | | | |

WRITE PLAINLY—USING UNFADING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Robert Mayfield

Licensed Embalmer No. 3029

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.