

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30177**
7651

FILED AUG 31 1953

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 2167	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 30 yrs.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital			
3. NAME OF DECEASED (Type or Print) Margaret		4. DATE OF DEATH (Month) (Day) (Year) Aug. 3, 1953	
a. (First)		b. (Middle) Leimbach	
c. (Last)		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 3, 1884		9. AGE (In years last birthday) Months Days Hours Min. 69 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY -	
11. BIRTHPLACE (City and State or Foreign Country) Germany		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Ruback		13b. MOTHER'S MAIDEN NAME Margaret Shaffener	
14. NAME OF HUSBAND OR WIFE Mr. George Leimbach,		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y, n, no, or unknown) (If yes, give war or dates of service) No - None -	
16. SOCIAL SECURITY NO. - None -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. George Leimbach, 3709 Hartford	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension, arteriosclerosis 10 yrs			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
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) 447 X	
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?			
22. I hereby certify that I attended the deceased from April, 1944 to Aug 3, 1953 that I last saw the deceased alive on Aug 3, 1953 , and that death occurred at 6:15 pm. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. D. Johnson M.D.		23b. ADDRESS 6400 Maryland	
23c. DATE SIGNED 8-3-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE Aug. 6, 1953		24c. NAME OF CEMETERY OR CREMATORY Briedens Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H. Inc., 1936 St. Louis Ave.	
DATE REC'D BY LOCAL REG. AUG 5 1953		REGISTRAR'S SIGNATURE J. C. Smith M.D.	

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.....
Signature of Student Embalmer

Signed.....
Fred J. Tanner

Licensed Embalmer No. *4788*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.