

FILED DEC 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42562**
10564

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 20790		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) c. CITY OR TOWN ST. LOUIS		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL		STREET ADDRESS (If rural, give location) 7 NORTHWESTERN HOTEL 4919 N Natural Bridge		
3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH		b. (Middle)		c. (Last) LEIMBERG
4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 19, 1954				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WID - DIVORCED	8. DATE OF BIRTH NOV. 3, 1878	9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY SELF		11. BIRTHPLACE (City and State or Foreign Country) GERMANY 4
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME THEODORE HAAKKE		13b. MOTHER'S MAIDEN NAME FREDERICKA IMHOFF		14. NAME OF HUSBAND OR WIFE NONE
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 FRIEDEL GARZA, 2500 SALISBURY
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) Broncho Pneumonia - Bilateral ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Lung Disease - Emphysema DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Brain Syndrome & Senile Brain Disease		
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) 491X
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?
22. I hereby certify that I attended the deceased from 9-20-51 , 19___, to 11-19-54 , 19___, that I last saw the deceased alive on 11-19-54 , 19___, and that death occurred at 8:29A m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Neil J. Kuller M.D.		23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 11-19-54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11/22/54		24c. NAME OF CEMETERY OR CREMATORY BELLE FONTAINE CEM.
24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.				
DATE REC'D BY LOCAL REG. NOV 20 1954		REGISTRAR'S SIGNATURE J. Carl Smith - M.D.		25. FUNERAL DIRECTOR'S SIGNATURE PROVOST UND. Co., 3710 N. GRAND

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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 *Stanley H. Dixon*.....
Licensed Embalmer No. *4193*.....
P. O. Address *H. L.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.