

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**5904**

State File No. \_\_\_\_\_

**FILED MAR 4 1957**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 73

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Saint Charles</u>		a. STATE <u>Missouri</u> b. COUNTY <u>St. Chas.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Saint Charles</u>		c. CITY OR TOWN <u>Saint Charles</u> <u>0920</u>	
c. LENGTH OF STAY (in this place) <u>6 yrs.</u>		d. Is Residence within limits of a city or incorporated town? <u>Yes</u> No <u>X</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Emmaus Home</u>		e. STREET ADDRESS (If rural, give location) <u>1425 No. Fifth St.</u>	
<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)
a. (First) <u>Bertha</u> b. (Middle) _____ c. (Last) <u>Limpert</u>			<u>Feb. 20, 1957</u>
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Feb. 1, 1876</u>
<b>9. AGE</b> (In years) last birthday <u>81</u>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>housewife</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Germany</u>
<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>own</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	<b>13. FATHER'S NAME</b> <u>Teschner</u>
<b>13b. MOTHER'S MAIDEN NAME</b> <u>unknown</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Frank Limpert</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>none</u>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Joseph Machens Jr., St. Charles, Mo.</u>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Arteriosclerotic Ht Disease</u> <u>10 yrs</u>	
DUE TO (c) <u>Generalized Arteriosclerosis</u> <u>20 yrs</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> _____ (COUNTY) _____ (STATE) <u>2</u>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from</b> <u>Oct</u> , 19 <u>54</u> , to <u>Feb</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Feb 17, 1957</u> , and that death occurred at <u>8:15 A m.</u> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> <u>William H Poggenmeyer MD</u>		<b>23b. ADDRESS</b> <u>St. Charles, Mo</u>	
<b>23c. DATE SIGNED</b> <u>Feb 21, 1957</u>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>Feb. 23, 1957</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>St. John's Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) <u>Saint Charles, Mo.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>FEB 22 1957</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Marcella Wilson</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>H.C. Dallinger</u>		<b>ADDRESS</b> <u>St. Charles, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

40.

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.....  


Licensed Embalmer No. 483

P. O. Address St. Charles

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.