

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023134

STATE FILE NUMBER
2 5945

FILED JUL 2 1959		Registration District No. _____	Primary Registration District No. _____	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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4711 Penrose		Length of stay in 1b 30 Yrs.	d. STREET ADDRESS 4711 Penrose	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First August Middle F. Last Leimkuehler			4. DATE OF DEATH Month 6 Day 21 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 29, 1874	9. AGE (In years last birthday) 84 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) Grocer (ret.)		10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (City and state or country) Okawville, Ills.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Herman Leimkuehler		13b. MOTHER'S MAIDEN NAME Caroline Hohlt		14. NAME OF HUSBAND OR WIFE Helena Leimkuehler
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Helena Leimkuehler 4711 Penrose	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Gen. Arteriosclerosis. DUE TO (c) 332X				INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. CITY, TOWN, OR LOCATION		20f. COUNTY		20g. STATE
21. I attended the deceased from _____ 1957 to _____ June 21/59 and last saw her/him alive on _____ June 21-1959 Death occurred at _____ 7:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE A. H. Dewing (Degree or title)		22b. ADDRESS 2342 St. Louis Ave	22c. DATE SIGNED 6-22-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 6/24/59	23c. NAME OF CEMETERY OR CREMATORY Zion Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
24. FUNERAL DIRECTOR Drehmann-Harral, 1905 Union Blvd.		25. DATE RECD. BY LOCAL REG. JUN 23 '59	26. REGISTRAR'S SIGNATURE Roan Smith, M.D. m j b	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

707

Dr. A. H. Sewing
2342 St. Louis
Ch 1-2013
Hrs. 2-3 Mon.

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 *Warren A. Carr*

Licensed Embalmer No. *353*

P. O. Address

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.