

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012223

FILED VS APR 12 1960 310

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 3058 Registrar's No. 78

INDEXED

1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Charles				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles		Length of stay in 1b 19 Years		c. CITY OR TOWN St. Charles		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 327 Clark St.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 327 Clark St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Edward Middle J. Last Leimkuehler			4. DATE OF DEATH Month April Day 4 Year 1960					
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 9/27/93	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months 6 Days 7 Hours Min. 	IF UNDER 24 HR Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Factory	11. BIRTHPLACE (City and state or country) St. Charles County, Mo		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Henry Leimkuehler			13b. MOTHER'S MAIDEN NAME Wilhelminia Bruening			14. NAME OF HUSBAND OR WIFE Emma S. Leimkuehler		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498-18-8414		17. INFORMANT Address Mrs. Emma Leimkuehler St. Charles				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) malignant melanoma = generalized metastases							INTERVAL BETWEEN ONSET AND DEATH 4 yrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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. _____	Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from _____ to 4-4-60 and last saw her/him alive on 4-4-60 Death occurred at 2 PM m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE George E. Kistner (Degree or title) ms			22b. ADDRESS St Charles Mo			22c. DATE SIGNED 4-5-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/7/60	23c. NAME OF CEMETERY OR CREMATORY Orchard Farm Cemetery		23d. LOCATION (City, town, or county) (State) St. Charles County, Mo.			
24. FUNERAL DIRECTOR Arthur C. Baue, St. Charles, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 4/7/60	26. REGISTRAR'S SIGNATURE Marceea Wilson			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David C. Paul

Licensed Embalmer No. 5060

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.