

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-039930

FILED VS NOV 3 1960

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STATE FILE NUMBER

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		c. CITY OR TOWN St. Louis	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3860 Juniata		d. STREET ADDRESS (If outside, give location) 3860 Juniata	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last George J. Leibach			4. DATE OF DEATH Month Day Year October 21, 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 12/10/1889
9. AGE (last birthday) 70		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter-Retired		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Hermann, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME John Leibach	
13b. MOTHER'S MAIDEN NAME Louisa Geiger		14. NAME OF HUSBAND OR WIFE Adalia Leibach	
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. Unknown	17. INFORMANT Bonita Leibach, 1428 Strule

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) *ac. myocardial Failure*

DUE TO (b) *Chr. Atherosclerotic Heart Disease?*

DUE TO (c) *Severe Cachexia 420.0 H*

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)
Possible Undiagnosed Malignancy

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

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 *9-1-59* to *9/21/60* and last saw him ^{her} alive on *9/20/60*
Death occurred at *420 Pm* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *Walter H. Hofer* (Degree or title)

22b. ADDRESS *3108 S. GRAND ST. LOUIS MO*

22c. DATE SIGNED *10-22-60*

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE *10-22-60*

23c. NAME OF CEMETERY OR CREMATORY
St. George's Cemetery

23d. LOCATION (City, town, or county) (State)
Hermann, Mo.

24. FUNERAL DIRECTOR ADDRESS
Blumer Funeral Home, Hermann, Mo.

25. DATE RECD. BY LOCAL REG. *OCT 24 1960*

26. REGISTRAR'S SIGNATURE *Earl Smith, M.D.*

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harry E. Monroe

Licensed Embalmer No. 449

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.