

# SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Reg. #A-2142 XC-3891 787

-61-007171  
STATE FILE NUMBER

AMENDED FILED VS MAR 7 1961 Registration District No. Primary Registration District No. 500 Registrar's No. 486

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		Length of stay in lb <b>7 DAYS</b>		c. CITY OR TOWN <b>ST. LOUIS, MO.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VET. ADM. HOSPITAL</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1038 HAMILTON BLVD.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>BILLIE</b> Middle <b>T.</b> Last <b>LIMBAUGH</b>				4. DATE OF DEATH Month <b>2-16-61</b> Day Year									
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>1-9-24</b>		9. AGE (last birthday) <b>37 YEARS</b>		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) <b>STOCK KEEPER</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Air Craft Building</b>		11. BIRTHPLACE (City and state or country) <b>Ala.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>					
13a. FATHER'S NAME <b>CARL H. LIMBAUGH</b>				13b. MOTHER'S MAIDEN NAME <b>ETHEL WRIGHT</b>				14. NAME OF HUSBAND OR WIFE <b>LOLA LIMBAUGH</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WWII</b>				16. SOCIAL SECURITY NO. <b>UNK.</b>		17. INFORMANT <b>LOLA LIMBAUGH (Wife)</b> Address <b>1038 Hamilton Blvd. St. Louis, Mo.</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>BRONCHOGENIC CARCINOMA</b>										INTERVAL BETWEEN ONSET AND DEATH <b>3 MOS</b>			
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 checked="" type="checkbox"/> NO <input 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 <b>WA</b> attended the deceased from <b>2-9-61</b> to <b>2-16-61</b> and last saw him alive on <b>2-16-61</b> Death occurred at <b>5:35 pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Ink or type) <i>Fred Ionata</i> Fred Ionata						22b. ADDRESS <b>M.D. Vet. Adm. Hosp., Jeff. Brks., Mo.</b>				22c. DATE SIGNED <b>2-17-61</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>2/18/61</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Crestwood Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Gadsden (E) Alabama</b>							
24. FUNERAL DIRECTOR <b>Edward Fendler 5611 So. Grand Blvd.</b>				ADDRESS		25. DATE RECD. BY LOCAL REG. <b>2-17-61</b>		26. REGISTRAR'S SIGNATURE <i>John E. Mumfry M.D.</i>					

**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 Charles F. Davis Jr.

Licensed Embalmer No. 5719

P. O. Address: St. Louis

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.