

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-004106

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1476** STATE FILE NUMBER

FILED FEB 7 1962

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>	Length of stay in 1b <b>12 yrs</b>	c. CITY OR TOWN <b>St. Louis</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>DOA Incarnate Word</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <b>3718 Bamberger</b>	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Charles</b> Middle <b>Vincent</b> Last <b>Leingang</b>			4. DATE OF DEATH Month <b>February</b> Day <b>2</b> Year <b>1962</b>			
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>6/18/03</b>	9. AGE (last birthday) <b>58 57</b>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chemical Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mallinckrodt</b>	11. BIRTHPLACE (City and state or country) <b>Millstadt, Ill.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Henry Leingang</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Hellmer</b>		14. NAME OF HUSBAND OR WIFE <b>Lula (Kimp) Kamp</b>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>yes WWII</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <i>Leileu Leingang</i>	Address <b>3718 Bamberger St. Louis, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>few hours</b>
DUE TO (b) <b>coronary artery disease</b>		
DUE TO (c) <b>420.1</b>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>overweight</b>	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
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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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from **March 1958** to **Jan. 62** and last saw him alive on **1-8-62**  
Death occurred at **9:45A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Maximilian Weilman, M.D.</b>	(Degree or title)	22b. ADDRESS <b>3530 ARSENAL, St. Louis</b>	22c. DATE SIGNED <b>2-3-62</b>
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23a. BURIAL, CREMATION, REINTERMENT (Specify) <b>2-6-62</b>	23b. DATE <b>2-6-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. James</b>	23d. LOCATION (City, town, or county) (State) <b>Millstadt, Illinois</b>
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24. FUNERAL DIRECTOR <b>James Creason, Millstadt, Ill.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>FEB 3 1962</b>	26. REGISTRAR'S SIGNATURE <i>Loal Smith, M.D.</i>
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AMENDED 6  
DATE AMENDED 9/2/23/62  
INSTEAD OF 6/18/03 & 58  
Lula Kimp  
DOCUMENT Honorable Discharge  
MEDICAL CERTIFICATION  
SHOULD READ 6/18/04 & 57  
Lula Kamp  
BY AFFIDAVIT OF Informant

**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 James L. Curran

Licensed Embalmer No. 5168

P. O. Address Millstadt, Ill.

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.