

DEPARTMENT OF PUBLIC HEALTH AND WELFARE MISSOURI DIVISION OF HEALTH  
(PHYSICIAN OR CORONER)  
CERTIFICATE OF DEATH

124 70 0017575  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4329

VS 300  
Rev. 1/70

DECEASED—NAME FIRST MIDDLE LAST 1. Oscar E. Leimbach		SEX 2. M	DATE OF DEATH (MONTH, DAY, YEAR) 3. May 3 1970
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White	AGE—(LAST BIRTHDAY) (YEARS) MO. DAYS 5b. 69	DATE OF BIRTH (MONTH, DAY, YEAR) 6. 4-17-01	COUNTY OF DEATH 7a. -----
CITY, TOWN, OR LOCATION OF DEATH 7b. St. Louis	INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Parkside Towers-4960 Laclede	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Missouri	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Mathilda Leimbach (nee Spindler)
SOCIAL SECURITY NUMBER 12. 493-07-5958A	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13b. Instructor-Electrical	KIND OF BUSINESS OR INDUSTRY 13d. Equipment-Emerson Electric	
RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION 14b. Missouri St. Louis	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. no	STREET AND NUMBER 14e. 7404 Hillsdale Dr. 63133	
FATHER—NAME FIRST MIDDLE LAST 15. William Leimbach	MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. Marie Stecher		
INFORMANT—NAME 17b. Parkside Towers		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17d. 4960 Laclede, St. Louis, Mo. 63108	
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			
18. IMMEDIATE CAUSE (a) Cerebral Vascular Accident DUE TO, OR AS A CONSEQUENCE OF: (b) Cerebral Arteriosclerosis & Generalized Arteriosclerosis DUE TO, OR AS A CONSEQUENCE OF: (c) Diabetes Mellitus & Hypertension			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 24 hours Years
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.
INJURY AT WORK (SPECIFY YES OR NO) 20e.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. March 12, 1970 TO 21b. May 3, 1970	AND LAST SAW HIM/HER ALIVE ON 21c. May 2, 1970	I DID NOT VIEW THE BODY AFTER DEATH. 21d.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e. 8:45 A.M. May 3, 1970
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a. 8:45 A.M. May 3, 1970			
CERTIFIER—NAME (TYPE OR PRINT) 23a. Benic Boosha M.D.	SIGNATURE 23b. Benic Boosha M.D.	DEGREE OR TITLE 23c. M.D.	DATE SIGNED (MONTH, DAY, YEAR) 23d. May 3, 1970
MAILING ADDRESS—CERTIFIER 23e. 7171 Delmar St. Louis, Mo. 63130	STREET OR R.F.D. NO. 23f. 7171 Delmar	CITY OR TOWN 23g. St. Louis	STATE 23h. Mo.
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Removal	CEMETERY OR CREMATORIUM NAME 24b. Sunset Burial Park Cem.	LOCATION 24c. St. Louis County, Missouri	
DATE (MONTH, DAY, YEAR) 24d. May 6, 1970	FUNERAL HOME—NAME AND ADDRESS 24e. Drehmann-Harrah, Inc. - 7733 Natural Bridge-St. Louis, Missouri	STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP 24f. 7733 Natural Bridge-St. Louis, Missouri	
FUNERAL DIRECTOR—SIGNATURE 25a. Dorothy Schlotman	REGISTRAR—SIGNATURE 25b. Arthur J. Joss, M.D.	DATE RECEIVED BY LOCAL REGISTRAR 25c. MAY 5 1970	

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

63121