DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH

FILED DEC 12 1968

(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER

CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 68 046831 11344

DO NOT WRITE ON THIS STUB

9.	0
10a.	84
10b.	
11.	2
12.	0
13.	412.3
14.	
15.	4
16.	
17.	
18.	0
19. CREDITS	
20.	

VS 300 Rev. 1/68

DECEASED

1. DECEASED—NAME FIRST: PAUL MIDDLE: LEIMBACH LAST
2. SEX: M
3. DATE OF DEATH (MONTH, DAY, YEAR): Dec. 1, 1968
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)): White
5a. AGE—LAST BIRTHDAY (YEARS): 84
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): April 2, 1884
7a. COUNTY OF DEATH:
7b. CITY, TOWN, OR LOCATION OF DEATH: St. Louis
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Hamilton Nursing Home
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Germany
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Never Married.
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME):
12. SOCIAL SECURITY NUMBER: 489 03 5436A
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Laborer
13b. KIND OF BUSINESS OR INDUSTRY: Retired.

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

14a. RESIDENCE—STATE: Mo.
14b. COUNTY:
14c. CITY, TOWN, OR LOCATION: St. Louis
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14e. STREET AND NUMBER: 956 Hamilton.

PARENTS

15. FATHER—NAME FIRST MIDDLE LAST: Unknown
16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST: Unknown.

17a. INFORMANT—NAME: Sorkis Webbe,
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Civil Courts Bldg.,St.Louis,Mo.

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

18. IMMEDIATE CAUSE
(a) Arteriosclerotic Heart Disease
DUE TO, OR AS A CONSEQUENCE OF:
(b) Arteriosclerosis, general
DUE TO, OR AS A CONSEQUENCE OF:
(c)

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: ?

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19a. AUTOPSY (YES OR NO): NO
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
20b. DATE OF INJURY (MONTH, DAY, YEAR):
20c. HOUR:
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18):
20e. INJURY AT WORK (SPECIFY YES OR NO):
20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY):
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

CERTIFIER

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM: 6 5 '61 TO 12 1 68
21c. AND LAST SAW HIM/HER ALIVE ON: 11-30-68
21d. I DID/DID NOT VIEW THE BODY AFTER DEATH.
21e. DEATH OCCURRED (HOUR): 8P M.
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

22a. 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.
HOUR OF DEATH: 8 P M.
22b. THE DECEDENT WAS PRONOUNCED DEAD MONTH: Dec. DAY: 1 YEAR: 1968 HOUR: 8 P M.

23a. CERTIFIER—NAME (TYPE OR PRINT): EDWARD J. BERGER M.D
23b. SIGNATURE: Edward J. Berger M.D
DEGREE OR TITLE:
23c. DATE SIGNED (MONTH, DAY, YEAR): 12-1-68
23d. MAILING ADDRESS—CERTIFIER: 300 S. GRAND- STREET OR R.F.D. NO. ST LOUIS CITY OR TOWN MO STATE 63103 ZIP

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal
24b. CEMETERY OR CREMATORY—NAME: St. Trinity
24c. LOCATION CITY OR TOWN STATE: St. Louis Co.,Mo.
24d. DATE (MONTH, DAY, YEAR): 12/4/68
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): McLaughlin,2301 Lafayette, St. Louis,Mo. 63104
25b. FUNERAL DIRECTOR—SIGNATURE: James R Chapman
James R.Chapman
26a. REGISTRAR—SIGNATURE: Hoar Smith M.D.
26b. DATE RECEIVED BY LOCAL REGISTRAR: DEC 3 1968

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