

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH

County _____ State MISSOURI.Registered No. 16332

Township _____ or Village _____ or

City St. Louis Mo. No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Charles O Leimbach(a) Residence. No. _____ St. _____ Ward. 44(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX m 4 COLOR OR RACE w 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) s5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of6 DATE OF BIRTH (month, day, and year) Oct-17-18797 AGE Years Months Days If LESS than 1 day, --- hrs. or --- min.
41 8 9

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Barber(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer9 BIRTHPLACE (city or town)
(State or country)Germany

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

PARENTS

14

Informant
(Address)

15

Filed _____, 19 _____

11-5134

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 192117 I HEREBY CERTIFY, That I attended deceased from
2 _____, 19____, to _____, 19____,that I last saw him alive on _____, 19____,
and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

4:30 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Ulcer of stomach
(SECONDARY)18 Where was disease contracted?
If not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) Julius Chas Potter, M. D.
19 _____ (Address)

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

19

20 UNDERTAKER ADDRESS .