

FILED FEB 20 1948

Registration District No. **318**

Primary Registration District No. ....

Registrar's No. **1220**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital-Max C. Starkloff  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 221 Travis St  
Memorial (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4th  
year 1948 hour 3 minute 45 P. M.  
21. I hereby certify that I attended the deceased from 1/22/48  
to Feb. 4th, 1948  
that I last saw him alive on Feb. 4th, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Carcinoma of the Prostate Gland  
Duration 3 yrs.

3. (a) PRINT FULL NAME WILLIAM LEIMBACH  
3. (b) If veteran, name war no  
3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Marie Leimbach 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased Oct. 9 1875  
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 25 If less than one day  
hr. \_\_\_\_\_ min. 4

9. Birthplace Germany (City, town, or county) (State or foreign country)

10. Usual occupation Retired Bartender

11. Industry or business \_\_\_\_\_

12. Name Unk: Leimbach  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Unkn  
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Oscar E Leimbach  
(b) Address 7404 Hillsdale Dr.

17. (a) Burial (b) Date thereof 2-7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marcys Cem

18. (a) Signature of funeral director W. St. Marcys Cem  
(b) Address 2929 S. Jefferson Av.

19. (a) FEB 5 1948 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature J. H. Hardin (M.D. or other) J. H. D.  
Address 1515 Lafayette Date signed 2/5/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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**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.....

Harold L. With....., Registered Apprentice No.....  
working under my personal supervision.

Signed E. F. With.....

Licensed Embalmer No. 2117.....

P. O. Address.....

**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 this body is not embalmed, fact should be so stated above.**