

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

2568

1. PLACE OF DEATH

County..... Registration District No. 791 File No.....
 Township..... Primary Registration District No. 1003 Registered No. 120
 City St. Louis (No. Alexian Brothers Hosp.) St. _____ Word _____

2. FULL NAME

(a) Residence. No. 4435 Kings Highway S.W. Word 15 (If nonresident give city or town and State)
 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Augusta nee Baiker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 14 - 1871

7. AGE YEARS MONTHS DAYS II LESS than 1 day, ____ hrs. or ____ min.
56 | 6 | 20

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Clerk
 (b) General nature of industry, business, or establishment in which employed (or employer) Collectors Office
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hessen Kassel
 (STATE OR COUNTRY) Germany

10. NAME OF FATHER Unknown Leimbach

11. BIRTHPLACE OF FATHER (CITY & TOWN) Germany
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Wilhelmine Fischer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Augusta Leimbach
 (Address) 4435 Kings Highway S.W.

15. FILED 15N - 1 1928 Man & Starckoff
 REGISTERED

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 3rd 1928

17. I HEREBY CERTIFY That I attended deceased from January 3rd 1928, to January 2nd 1928 that I last saw him alive on January 3rd 1928, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy -
82A
10 (duration) — yrs. — mos. 2 ds.
 CONTRIBUTORY Hypertension Arterialis
 (SECONDARY) (duration) 1 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Hemiplegia
 (Signed) Albert Beisbart, M. D.
4th, 1928 (Address) 3548 S. Grand Bl.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Missouri Crematory DATE OF BURIAL 1-5-1928

20. UNDERTAKER Witt Bros L & Co 2929 S. Jefferson ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE IN PLAIN, WITH OBTAINING INITIALS IS A PERMANENT RECORD