

REC'D OCT 19 1938

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

31907

Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 129
 (b) Township Schawnee Primary Registration District No. 5780
 (c) City Wittland (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Robert C. Leimer 560

(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 13, 1911
 7. AGE YEARS 27 MONTHS 7 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Blacksmith
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) Sept 1933 11. Total time (years) spent in this occupation 1 1/2

12. BIRTHPLACE (CITY OR TOWN) Pocahontas Mo
 (STATE OR COUNTRY)

13. NAME Charles Leimer
 14. BIRTHPLACE (CITY OR TOWN) Pocahontas Mo
 (STATE OR COUNTRY)

15. MAIDEN NAME Mary Gross
 16. BIRTHPLACE (CITY OR TOWN) New Wells Mo
 (STATE OR COUNTRY)

17. INFORMANT Charles Leimer
 (ADDRESS) Wittland Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Pocahontas Mo DATE Sept 2, 1938

19. FUNERAL DIRECTOR (NAME) Maack Wilcox, St. Louis
 (ADDRESS) Jackson Mo

20. FILED Sept 2, 1938 F. J. Behrman
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-1-1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1933 to Aug 31, 1938

I last saw him alive on Aug 31, 1938 Death is said to have occurred on the date stated above, at 1234 hrs.

The principal cause of death and related causes of importance were as follows:

chronic degenerative
arteriosclerosis
1933

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify F. A. Schlem

(Signed) _____, M. D.

(Address) Jackson Mo

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 _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.