

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

Do not use this space.

5580

**1. PLACE OF DEATH**

County St. Louis Registration District No. 790 File No. 66  
 Township Richmond Heights Registration District No. 6038 Registered No. 66  
 City Richmond Heights (No. St. Mary Hospital) St.          Ward           
 NAME Catherine Liesbeck  
3337 N. 11th St.          Ward           
 (If nonresident give city or town and State)  
 of or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PHYSICAL AND STATISTICAL PARTICULARS**

COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

WIDOWED, OR DIVORCED

Vincent Liesbeck  
 BIRTH (MONTH, DAY AND YEAR) about 1887

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>38</u>			

**3. OCCUPATION OF DECEASED**

Trade, profession, or similar kind of work Housewife

General nature of industry, business, or establishment in which employed (or employer)

Name of employer

BIRTHPLACE (CITY OR TOWN) Austria  
 (STATE OR COUNTRY)

10. NAME OF FATHER Joseph Tsekol

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Vincent Liesbeck  
 (Address) 3337 N. 11th

15. FILED 2-28-25 J. B. Sudduth  
 REGISTRAR

**4. MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-27-1925

17. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1925, to Feb. 27, 1925, that I last saw him alive on Feb. 27, 1925, and that death occurred, on the date stated above, at 7:25 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Hemorrhage, following operation for carcinoma of uterus (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 46

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb 27/1925

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Microscopy  
 (Signed) George J. Gellhorn, M. D.  
428, 1925 (Address) Metropolitan Bldg.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSE, 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

Franklin Cemetery MAR 21 1925

20. UNDERTAKER

Kate's Maers ADDRESS 2906 Harris Ave.

WE PLEASE ADVISE YOU THAT THIS IS A PERMANENT RECORD

N. B.—Every item of information should be stated EXACTLY. PHYSICIANS should state exact statement of OCCUPATION is very important.

This hemorrhage may be  
 considered if the flowers 1925  
 1913  
 R/V

# Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*, (a) *Foreman*, (b) *Auto-*

ked on may form  
Never return  
"Dealer," etc.,  
as *Day laborer*,  
etc. Women at  
ies of the house-  
s who receive a  
d as *Housewife*,  
on, not gainfully  
ne. Care should  
e occupations of  
ee for wages, as  
f the occupation  
i account of the  
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m business, that  
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occupation what-

Name, first, the  
ry affection with  
ising always the  
ase. Examples:  
nite synonym is  
is"); *Diphtheria*  
wer (never report

"Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of \_\_\_\_\_* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *Measles, Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS  
BY PHYSICIAN.