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

Do not use this space.

38895

**1. PLACE OF DEATH**

County: Jewish Hospital — Registration District No.: 791 ~~1003~~

Township: — Primary Registration District No.:

City: St. Louis, Mo (No. Jewish Hospt St. Ward)

File No.:

Registered No.: 11354

**2. FULL NAME** Lieberman (Baby)

(a) Residence. No. 4114 a Lafayette St., Ward.
(Usual place of abode) (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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-1-29

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, 4 hrs. or min. |
|---|---|---|---|---|
| | | | | |

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Abe Lieberman

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

12. MAIDEN NAME OF MOTHER Tillie Coutler

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

14. INFORMANT Abe Lieberman
(Address) 4114 a Lafayette

15. FILED NOV 20 1929, 19 Mary R. Starkey REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-1 1929

17. I HEREBY CERTIFY, That I attended deceased from 6 47 P.M. 11-1-, 1929, to 10 P.M. 11-1-, 1929 that I last saw him alive on 11-1-, 1929, and that death occurred, on the date stated above, at 10:00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

premature

159

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 161a

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Robert H. Riedel, M. D.

11-1-, 1929 (Address) 216 S. Kingshighway

*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 | DATE OF BURIAL |
|---|---|
| assigned as Specimen | 11-1-1929 |
| 20. UNDERTAKER | ADDRESS |
| To Jewish Hospital | |

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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