

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

Do not use this space.

36219

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 11403
City St. Louis (No. Lutheran Hospital)

File No.....
Registered No. 10750
St. Ward)

2. FULL NAME

Henry Laeber
(a) Residence, No. 4324 Linton Ave. 10 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Augusta Laeber</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 2, 1879</u>		
7. AGE	YEARS <u>52</u>	MONTHS <u>2</u>
	DAYS <u>18</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Ornamental Iron</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Worker</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>		
FATHER	13. NAME <u>Frederick Laeber</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria</u>	
MOTHER	15. MAIDEN NAME <u>Christine Vogt</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>	
17. INFORMANT <u>Augusta Laeber</u> (ADDRESS) <u>4324 Linton Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Bethlehem</u> DATE <u>Oct. 24, 31</u>		
19. UNDERTAKER <u>Thos. H. Gidenwider</u> (ADDRESS) <u>1936 St. Louis Ave.</u>		
20. FILED <u>Oct 23, 1931</u> <u>Max G. Stark, M.D.</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT 20 1931, 19.....

22. I HEREBY CERTIFY, That I attended deceased from 10-6-31, 19....., to 10-20-31, 19.....
I last saw him alive on 10-20-31, 19..... Death is said to have occurred on the date stated above, at 2:45 P.M.
The principal cause of death and related causes of importance were as follows:
Carcinoma of stomach Date of onset 46B
46B
Other contributory causes of importance:

Name of operation Gastriectomy Date of 10-8-31
What test confirmed diagnosis? Pathol. Was there an autopsy? No.

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? No.
If so, specify Thos. H. Gansen, M. D.
(Signed) Thos. H. Gansen
(Address) 3651 Selmer

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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

