

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

Do not use this space.

9982

1. PLACE OF DEATH

96 County St. Louis
Township Carondelet
City

Registration District No. 1123
Primary Registration District No. 6248 B
(No. Rt #8 Jefferson Bks Mo)

File No.
Registered No. 78
St. Ward

2. FULL NAME

(a) Residence, No. Rt #8 Telegraph road Ward. Jefferson Bks Mo.
(Usual place of abode)

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 7. 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 Leo Garreis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17, 1877
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 0 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
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) Hungary

MOTHER FATHER 13. NAME Sebastian Matzje

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

15. MAIDEN NAME Katherine Leibnitz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

17. INFORMANT Leo Garreis

(ADDRESS) Rt #8 Jeff Barracks, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mc Olive Cem DATE March 8, 1932

19. UNDERTAKER C. Hoffmeister U. S. C.

(ADDRESS) 7814 S. Highway, St. Louis, Mo

20. FILED 3/16 1932 L. S. Brooks Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1932 to March 5, 1932
I last saw him alive on March 5, 1932—Death is said to have occurred on the date stated above, at 8:55 P. M.

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

Bronchial Asthma Date of onset 2 yrs
82
112 J. J. W.

Other contributory causes of importance: Cerebral Hemorrhage

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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? N. U.
If so, specify

(Signed) D. H. White M. D.

(Address) 9432 Edgemoor

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.

APR 29 1934

MARGIN RESERVED FOR BINDING

V.S. NO. 2

