

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

Do not use this space.

17289

1. PLACE OF DEATH

96 County St. Louis Registration District No. 785
Township Meramec Primary Registration District No. 1032
City Centaur no. Centaur Mo.

File No. _____
Registered No. 86
St. _____ Ward) _____

2. FULL NAME

Joseph Herbert Leiveke
(a) Residence, No. Centaur Mo. St. _____ Ward. _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28, 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
10 2 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

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) Centaur Mo.

13. NAME Joseph Leiveke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kim Mo.

15. MAIDEN NAME Anna Redel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Westphalen Mo.

17. INFORMANT (ADDRESS) Francis J. Leiveke Centaur Mo.

18. BURIAL, CREMATION, OR REMOVAL St. Peter's Paul DATE 5-7-32

19. UNDERTAKER (ADDRESS) Wiegand & Co. 104 Manchester St.

20. FILED 5-6-32 C. E. Barnette Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 2 P.M., 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7 A. M.

The principal cause of death and related causes of importance were as follows:
Struck by locomotive while a passenger in a private automobile at Centaur, Mo. 5/5/32
Date of onset 5/5/32

Other contributory causes of importance Recapitulation
Name of operation None Date of _____
What test confirms diagnosis? Special signs Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 5-5-32

Where did injury occur? Centaur, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Auto
Nature of injury Recapitulation

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Joseph C. Campbell M. D.
(Address) Corner of St. Louis

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.

