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.

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

Do not use this space.

/27369

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~[illegible]~~ File No. .....

Township ..... Primary Registration District No. ..... Registered No. 7147

City St Louis (No. 3633 Winnebago St. ..... Ward)

2. FULL NAME Agnes Leibinger

(a) Residence, No. 3633 Winnebago St., 16 Ward. (If nonresident, give city or town and State)
(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 Female
4. COLOR OR RACE White
5. ~~SINGLE, MARRIED~~, WIDOWED, ~~OR DIVORCED (write the word)~~ Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25 - 1864

7. AGE Years 68 Months 6 Days 0 If LESS than 1 day, ... hrs. or ..... min.

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. 299
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) Germany 10

FATHER
13. NAME Jacob Pfeiffer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Agnes Leibinger 3633 Winnebago

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset B. Park DATE Aug 4 1932

19. UNDERTAKER (ADDRESS) Wacker-Helderle 2331 S Broadway

20. FILED AUG -3 1932 19 Max C. Harding Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1932, to Aug 1, 1932
I last saw her alive on Aug 1, 1932. Death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral haemorrhage	7/25/32
131	
82A 131	

Other contributory causes of importance:
Chronic interstitial nephritis ?

Name of operation none Date of —
What test confirmed diagnosis? — 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 .....
(Signed) Ernst W. Oelpken, M. D.
(Address) 3148 Olive St.