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

Do not use this space.

7488

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 1443

Township St. Louis Mo. ..... Primary Registration District No. ..... Registered No. 1443

City St. Louis Mo. (No. 3344 Ohio Ave. St. ..... Ward)

2. FULL NAME Anton Liebmann

(a) Residence, No. 3344 Ohio Ave. St., 24 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: Male
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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10 - 1867.

7. AGE: YEARS 65 MONTHS 2 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Novelty
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) St. Louis Mo.

FATHER
13. NAME Gregory Liebmann
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) Elizabeth Liebmann 3344 Ohio Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Feb. 13 - 1933

19. UNDERTAKER (ADDRESS) Ziegenheim Bros. 2623 Cherokee St.

20. FILED FEB 11 1933 Max C. Stanley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1932, to Feb 8, 1933

I last saw him alive on Feb 8, 1933. Death is said to have occurred on the date stated above, at 2:25 P.m.

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

Carcinoma of Stomach — Date of onset ?

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Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Laboratory 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) C. E. Moeller, M. D.

(Address) 3537 S. Jefferson av

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

MARGIN RESERVED FOR BINDING

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.

U. S. No. 2