

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

Do not use this space.

10985

**1. PLACE OF DEATH**

County St. Louis Registration District No. 790  
Township Central Primary Registration District No. 6033  
City Clayton (No. St. Louis Co. Hosp.)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_ St. \_\_\_\_\_ Ward ( )

**2. FULL NAME** LEITER, JULIANA

(a) Residence, No. Ferguson St., \_\_\_\_\_ 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 F 4. COLOR OR RACE N 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4 - 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>75</u>	<u>4</u>	<u>4</u>	

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

13. NAME Margaret

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

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Eugene Leiter  
(ADDRESS) 4976 83rd

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Martin DATE Mar 11 1933

19. UNDERTAKER John L. Ziegenhain  
(ADDRESS) 7027 Sharon Ave

20. FILED March 11 1933 R. W. Sullivan  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/8/33 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1933 to Mar 8, 1933  
I last saw her alive on Mar 8, 1933 Death is said to have occurred on the date stated above, at 2:30 Pm.

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

Acute Hemorrhagic Nephritis  
181  
924  
100  
Date of onset 2/5/33?

Other contributory causes of importance:  
Five burns to head + body 2/23/33  
1st + 2nd degree  
Arterio stenosis ? 29

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? clin + Lab Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury 2/23, 1933

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

Manner of injury Burns from gas  
Nature of injury Burns to body + head

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

(Signed) B. C. Koroski, M. D.

(Address) St. Louis Co. Hosp

Clayton, Mo.

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 20 1933

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