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 28 1933

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

Do not use this space.

14453

1. PLACE OF DEATH
County St Louis — Registration District No. 790 — File No.
Township Central — Primary Registration District No. 6033 — Registered No.
City Clayton (No. St Louis County Hosp. St. Ward)

2. FULL NAME LEBER, HENRIETTA
(a) Residence, No. Clayton Mo 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. 6 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) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arthur Leber
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1888
7. AGE About 45 YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 48
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) St Louis Mo

FATHER
13. NAME Joseph Mayer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Caroline Hoffman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Grace Mayer 4515 a Aldine Ave
18. BURIAL, CREMATION, OR REMOVAL PLACE Pacific Mo DATE 4/5 1933
19. UNDERTAKER (ADDRESS) W. A. Stock Und Co 2117 E. Grand Blvd
20. FILED 4/3/33 1933 K. W. Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1933, to Apr. 3, 1933
I last saw her alive on Apr. 2, 1933 Death is said to have occurred on the date stated above, at 6:50 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis	3/29/33
Carcinoma of cervix uteri	several months

48

Other contributory causes of importance:
Tues
Gen. arteriosclerosis

Name of operation Total Hysterectomy Date of 3/27/33
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, 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) B. C. Koreski, M. D.
(Address) St. Louis Co. Hosp.