

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

Do not use this space.

18158

**1. PLACE OF DEATH**

County..... Registration District No. 701  
Township..... Primary Registration District No. 133  
City St. Louis (No. 6023, Virginia Ave.)

File No.....  
Registered No. 4364  
St..... Ward.....

**2. FULL NAME**

(a) Residence No. 6023a Virginia Ward.....  
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 9 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) <u>Divorced</u>
5A. IF <del>MARRIED</del> DIVORCED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Ida</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 28, 1884</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>11</u>
	DAYS <u>18</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Proprietor</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Confectionery</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
MOTHER	13. NAME <u>Anton Leidwanger</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Christina Gansner</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
17. INFORMANT <u>John Fisher</u> (ADDRESS) <u>6023 Virginia Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Trinity Cath. Cem.</u> DATE <u>May 1933</u>		
19. UNDERTAKER <u>C. Hoffmeister N. L. Co.</u> (ADDRESS) <u>778 1/2 So. Broadway</u>		
20. FILED <u>May 18 1933</u> <u>J. D. Bredeck</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis  
Coronary sclerosis with thrombosis in coronary artery

Other contributory causes of importance:  
None

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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?  
If so, specify.....  
(Signed) Harold H. Schubert  
(Address) 117/33

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.

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