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

Do not use this space.

27696

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1033

City St Louis (No. Central Hospital St. ..... Ward)

File No. ..... Registered No. 7574

2. FULL NAME Margaret Lieb

(a) Residence, No. 4626 St Louis St., ... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	W	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29 - 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	55	4	1	

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.

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) Waterloo Illinois

FATHER

13. NAME Geo Bueschel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamburg Germany

MOTHER

15. MAIDEN NAME Marie Stump

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamburg Germany

17. INFORMANT (ADDRESS) Wm Lieb 4626 St Louis

18. BURIAL, CREMATION, OR REMOVAL
PLACE Waterloo Ill DATE Sep 2 1933

19. UNDERTAKER (ADDRESS) Wm M Schumacher 4834 Natural Bridge Ave

20. FILED SEP -1 1933 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/15, 1933, to 8/30, 1933

I last saw her alive on 8/30, 1933 Death is said to have occurred on the date stated above, at 10:15 pm.

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

	Date of onset
Carcinoma of Sigmoid	Prior
46C	8/15/33
53B	
46E	

Other contributory causes of importance:
Ca. of Bladder & Liver

Name of operation Sigmoid Anastomosis Date of 8/19/33

What test confirmed diagnosis? Microscopy 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) Dr Jam[illegible] Leibov, M.D.

(Address) 5329 Riverview Blvd.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1103 Registered No. 7574

City St. Louis (No. ....., ... St. ..... Ward)

2. FULL NAME Margaret Lieb

(a) Residence, No. ..... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE	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. .....

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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY)

17. INFORMANT ..... (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ....., 19....

19. UNDERTAKER ..... (ADDRESS)

20. FILED FEB 25 1933 19.... J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30, 1933

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

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

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

Date of onset

Ca of Bladder & liver

~~Secondary~~

Primary: Ca of Sigmoid

Other contributory causes of importance:

46

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

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) ....., M. D.

(Address) .....

SUPPLEMENTARY

N.B.—Every Rule of Information ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ... REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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