MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 6508

Township ..... Primary Registration District No. 1003 Registered No. 1349

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

2. FULL NAME Shirley Mae Liebrum

(a) Residence, No. 4442a Margaretta St., 10 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	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30 1934

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	---	---	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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 Harrison Liebrum

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER

15. MAIDEN NAME Hazel Baker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Harrison Liebrum 4442a Margaretta

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peters Cem. DATE Feb 7 1934

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

20. FILED FEB 6 1934 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1934, to Feb 5, 1934

I last saw her alive on Feb 5, 1934. Death is said to have occurred on the date stated above, at 12 35 p.m.

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

	Date of onset
Atresia of Intestines	6 Days
(causing convulsions)	2 days
Other contributory causes of importance	
Ichterus Neonatorum	4 days

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Name of operation None Date of

What test confirmed diagnosis? Physical Xam 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?

If so, specify

(Signed) Geo B Kroeger, M. D.

(Address) 3442 Geraldine Ave

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.

V. S. No. 2 100M-11-24-33