

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

Do not use this space.

10463

APR 25 1934

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City *St Louis* (No. *McPacifer Hoop*) St. .... Ward) (No. .... Ward)

**2. FULL NAME**

(a) Residence, No. .... St. *NR* Ward. *Dupe Ill*  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred - yrs. - mos. *8* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *m* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Priscilla Leibach*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug-3-1903*  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. of min.  
*30 7 1*  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *laborer*  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Railroad*  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation. *8*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *W. Va. see*

FATHER 13. NAME *George Leibach*

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Morris Co. see.*

MOTHER 15. MAIDEN NAME *Elizabeth Heru*

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Randolph Co. see.*

17. INFORMANT (ADDRESS) *Walter Leibach Dupe Ill see.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Dupe Ill* DATE *Mar 5 34*

19. UNDERTAKER (ADDRESS) *Albert L. Dasher Dupe Ill see.*

20. FILED *17* 19*34* *J. Bredeck* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 4 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 23 1934 to Mar 4 1934*  
 I last saw him alive on *Mar 4 1934* Death is said to have occurred on the date stated above, at *11:45 am*.  
 The principal cause of death and related causes of importance were as follows:

*Gastric ulcer Hemorrhage*  
*117A 103B 117*  
 Other contributory causes of importance:

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? *no*  
 If so, specify.....  
 (Signed) *William B. Adams* M. D.  
 (Address) *1755 S. Grand Blvd*

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.

