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.

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

Do not use this space.

1. PLACE OF DEATH FEB 21 1935

County ..... Registration District No. 791 1003 File No. 3411

Township ..... Primary Registration District No. ..... Registered No. 714

City St. Louis (No. 3892 Utah Place St. ..... Ward)

2. FULL NAME Robert F. Leiner

(a) Residence, No. 3892 Utah Place St., 16 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 Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 20th. 1855.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
79	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manafacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigars

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 Peter G. Leiner

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

MOTHER

15. MAIDEN NAME Antonia Lebrecht

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

17. INFORMANT Edna M. Leiner
(ADDRESS) 3892 Utah Place

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethany DATE Jan. 21st. 1935

19. UNDERTAKER Wacker-Helderle
(ADDRESS) 2331 S. Broadway

20. FILED Jan 19 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18th. 1935

22. I HEREBY CERTIFY, That I attended deceased from June 12 1922 to Jan 17 1935

I last saw him alive on Jan 17-1 1935. Death is said to have occurred on the date stated above, at 4.20 A.M.

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

Apoplexy

Date of onset

Other contributory causes of importance:

Arterio Sclerosis
Chronic Interstitial Nephritis

Name of operation — Date of —

What test confirmed diagnosis? Clinical 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) W E Holdenried, M. D.

(Address) 4532 Virginia St Louis Mo