

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.

APR 29 1935

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**
1003
Township..... Primary Registration District No.....
City *St. Louis Mo.* (No. *3506 Iowa Ave.*)

File No.....
Registered No. **2998**
St. Ward)

2. FULL NAME

Elizabeth Liebmann
(a) Residence, No. *3506 Iowa Ave.* St. *24* Ward.

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 20 - 1868*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 11 10

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

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) *Missouri*

13. NAME *Jacob Strick*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT (ADDRESS) *Gemma Weinbrecht 2634 Cherokee St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Memorial Park Home April 4 1935*

19. UNDERTAKER (ADDRESS) *Ziegenhain Bros. 2634 Cherokee St.*

20. FILED *APR 21 1935* Registrar *J. Bredek*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 30 - 1935*

22. I HEREBY CERTIFY That I attended deceased from *Dec 4 - 1934* to *March 30 1935*

I last saw her alive on *March 30 1935* Death is said to have occurred on the date stated above, at *8-9* a.m.

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

Carcinoma of Liver and Gall Bladder
Primary seat unknown

Other contributory causes of importance: *Heart, Mellitus, Arteriosclerosis*

Name of operation *Appendectomy* Date *Feb 1935*
What test confirmed diagnosis *Surgical, 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 *No*
(Signed) *C. C. Vogelgesang*, M. D.
(Address) *3537 S. Jefferson*

