

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.

**MAY 13 1935**

14969

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... *St. Louis*

Registration District No. **791**  
Primary Registration District No. **1003**  
No. *5394 Pershing*

File No.....  
Registered No. **3851**  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. .... St. *12* Ward.  
(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.

(If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Mace Lieber</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Oct. 10 - 1862</i>				
7. AGE	YEARS <i>72</i>	MONTHS <i>6</i>	DAYS <i>16</i>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>at home</i>			
	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) <i>Owensburgh Ky</i>				
FATHER	13. NAME <i>Leopold Oppenheimer</i>			
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>			
MOTHER	15. MAIDEN NAME <i>Helen Brooks</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>			
17. INFORMANT <i>Edna Lieber</i> (ADDRESS) <i>5394 Pershing</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Int. Sinai C.</i> DATE <i>April 28, 1935</i>				
19. UNDERTAKER <i>H. Hinds Koff</i> (ADDRESS) <i>5216 Delmar</i>				
20. FILED <i>APR 27 1935</i> <i>J. F. Brubaker</i> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4 - 26, 1935*

22. I HEREBY CERTIFY, That I attended deceased from *March*, 1935, to *4 - 26*, 1935  
I last saw him alive on *4 - 26*, 1935. Death is said to have occurred on the date stated above, at *10:20 a.m.*  
The principal cause of death and related causes of importance were as follows:

<i>myocarditis, chr.</i>	Date of onset <i>several years</i>
<i>nephritis, chr.</i>	"

Other contributory causes of importance: *131*

Name of operation..... Date of.....  
What test confirmed diagnosis? *Clinical* 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) *P. D. Stabel*....., M. D.  
(Address) *453 N. Taylor*

