AUG 9 1935

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

Do not use this space.

791
1003

24936

File No.
Registered No. 6372

1. PLACE OF DEATH

County
Registration District No.
Township
Primary Registration District No.
City St. Louis (No. 4460 Shaw St. Ward)

2. FULL NAME Belle Loeb Van Tilberg

(a) Residence, No. St., 17 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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, 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 John Van Tilberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28 - 1870

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
65	4	28	

OCCUPATION

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) Marshal Tax

FATHER

13. NAME Abraham Loeb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Amelia Stein
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Octavia Loeb 4460 Shaw

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olive Jewish Cem DATE 7-28, 1935

19. UNDERTAKER (ADDRESS) Herman Rindskopf 5216 Delmar

20. FILED JUL 27 1935, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-26, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-28, 1935, to 7-25, 1935

I last saw her alive on 7-25-35 1935. Death is said to have occurred on the date stated above, at 3 a.m.

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

Carcinoma (primary) of Liver

Date of onset

Other contributory causes of importance: Anemia - Secondary

Name of operation Date of

What test confirmed diagnosis? Physical 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? No

If so, specify

(Signed) S. H. Boemer, M. D.

(Address) 517-26 Beaumont Bldg

(S. H. Boemer)

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.

100M-11-24-33