

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

Do not use this space.

SEP 16 1935

27897

791
1003

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City *St. Louis* (No. *Fromm Disposal Hosp*) St. *6951* Ward.....

2. FULL NAME

Catherine Leibundgut
(a) Residence, No. *1858 Nebraska* St., *23* Ward. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Herman Leibundgut*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 31. 1878*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<i>55</i>	<i>56</i>	<i>7</i>	<i>15</i>	

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

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) *Bloomington Ill.*

MOTHER FATHER

13. NAME *Clark*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT (ADDRESS) *Beetia Leibundgut 1818 Nebraska*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mount Marous* DATE *Aug 17 1935*

19. UNDERTAKER (ADDRESS) *Sho Puris 2996 Graven an.*

20. FILED *AUG 15 1935* *J. Bredick* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8-15 1935*

22. I HEREBY CERTIFY, That I attended deceased from *4-8 1935* to *8-15 1935*

I last saw h. *ee* alive on *8-14 1935* Death is said to have occurred on the date stated above, at *699a.m.*

The principal cause of death and related causes of importance were as follows:
cremionata of uterus (inoperable)
metastasis

Other contributory causes of importance: *48*

Name of operation..... Date of.....
What test confirmed diagnosis? *autopsy* Was there an autopsy? *yes*

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) *J. Bredick*, M. D.
(Address) *Westwood Hosp*

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.

