

194
 JUN 13 1936

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

Do not use this space.

41557

1. PLACE OF DEATH

County.....
 Township.....
 City St. Louis (No. 216 S Kings Highway)

Registration District No. 791
 Primary Registration District No. 1003

File No. 10801
 Registered No.....
 St. Ward)

2. FULL NAME

Wilmer Liebig
 (a) Residence, No. 4521 Genrod St., 10 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 1 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosella Liebig
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt. 32 - - -
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Louis Dairy
 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) Mascoutah, Ill.

FATHER 13. NAME John H. Liebig

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

MOTHER 15. MAIDEN NAME Katherine Melker

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

17. INFORMANT (ADDRESS) Harvey J. Liebig

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellevue DATE Dec 28, 1935

19. UNDERTAKER (ADDRESS) Gundlach Co

20. FILED DEC 21 1935 19. J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1945, 19....., to....., 19.....
 I last saw 1945 alive on....., 19..... Death is said to have occurred on the date stated above, at 12:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Traumatic Haemorrhage of Brain
Laceration of Brain, Fractured Ribs, Haemorrhage left chest, Haemorrhage into Pons Varolii received when machine in which
 Other contributory causes of importance: deceased was riding, was struck by another car.
CRIMINAL CARELESSNESS.

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide or homicide? ACCIDENT Date of injury 12/20, 1935
 Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Public Place.
 Manner of injury Auto Accident.
 Nature of injury Haemorrhage of Brain, etc.

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....
 (Signed) Harold J. Liebig M. D.
 (Address) St. Louis

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.

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
5800 S. UNIVERSITY AVENUE, CHICAGO, ILL. 60637

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