

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

Do not use this space.

24195

1. PLACE OF DEATH **JUL 14 1936**

791

County..... Registration District No.....
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **Jewish No.**)

File No.....
Registered No. **5794**
St..... Ward.....

2. FULL NAME **Leah Rich Steinberg**
(a) Residence No. **5723^a Eastern St.** 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

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 Alta Steinberg		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk		
7. AGE ab 70	YEARS	MONTHS
	DAYS	IF LESS than 1 day, hrs. or min.
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) Polkyma W. Va.		
MOTHER	13. NAME Samuel Fuhrer	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.	
	15. MAIDEN NAME Minnie (unk)	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.	
17. INFORMANT M. Rich Hobbs (ADDRESS) 5723^a Eastern St. St. Louis		
18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cemetery DATE 6/3 1936		
19. UNDERTAKER W. O. Berger (ADDRESS) 4715 McPherson		
20. FILED JUN 2 1936 Biedeck Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 2 1936**

22. I HEREBY CERTIFY, that I attended deceased from **May 21 1936** to **June 2 1936**
I last saw her alive on **June 2 1936** Death is said to have occurred on the date stated above, at **noon**
The principal cause of death and related causes of importance were as follows:
Broncho-pneumonia Date of onset **1330**

Other contributory causes of importance:
Acute Pyelo-nephritis caused by Cystitis Nov 13, Nov. San Francisco Nov. 1935

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) **Saucon Wimmerly, M.D.**
(Address) **1027 No. Theater Bldg.**

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.

