

OCT 5 1936

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

Do not use this space.

35600

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City..... St. Louis(No. 3530a Arkansas Ave.)

791

1003

File No.....

9212

Registered No.....

St. Ward)

2. FULL NAME Irene M. Leuther.(a) Residence, No. 3530a Arkansas Ave., St. 16 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward Leuther,6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1889

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>47</u>	<u>2</u>	<u>18</u>	

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) St. Louis, (STATE OR COUNTRY) Mo.13. NAME Henry A. Engelhardt,14. BIRTHPLACE (CITY OR TOWN) Palmyra (STATE OR COUNTRY) Pa.15. MAIDEN NAME Tillie Weidner,16. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Mo.17. INFORMANT Edward Leuther (ADDRESS) 3530a Arkansas Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE Sept. 5, 193619. UNDERTAKER Wacker Helderle (ADDRESS) 2331 S. Broadway20. FILED SEP 5 1936 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 3, 193622. I HEREBY CERTIFY, That I attended deceased from May 5 - 1936 to Sept 3, 1936I last saw her alive on Sept 2, 1936 Death is said to have occurred on the date stated above, at 3:45 A.M. m.

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

Carcinomatosis of Right Ovary

Date of onset

about May 5 / 1936

Other contributory causes of importance:

Name of operation Exploratory Date of
What test confirmed diagnosis Was there an autopsy? no23. 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 injury24. Was disease or injury in any way related to occupation of deceased? no
If so, specify(Signed) Paul H. Engelhardt, M. D.
(Address) 3527 W. ... St

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.

