

MAY 7 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

791

File No.....

14108

Township.....

Primary Registration District No.....

1003

Registered No.....

3604

City..... St. Louis mo.

(No. Barnes, Hospital

St. Ward)

2. FULL NAME Christ Leber (LIEBER)(a) Residence, No. 1222 Sidney St. St. 23 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

Katerine Leber (Lieber)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec 15 1869

7. AGE

YEARS
67

MONTHS

3

DAYS

18

If LESS than 1 day, hrs. min.

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

Day Laborer

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)

Austria

13. NAME

John Leber

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

Austria

15. MAIDEN NAME

Unknown

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

Austria

17. INFORMANT (ADDRESS)

Katherine Leber
1222 Sidney St

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sun SetDATE April 5th 37

19. UNDERTAKER (ADDRESS)

Shodutis
2906 Gravois Ave

20. FILED

APR 3 1937

Registrar.

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

April 2 193722. I HEREBY CERTIFY, That I attended deceased from 3-31, 1937, to 4-2, 1937I last saw him alive on 4-2, 1937. Death is saidto have occurred on the date stated above, at 2:23 A.M.

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

Date of onset

Carcinoma of mouth
metastases to neck

Other contributory causes of importance:

anoxia
DehydrationName of operation none 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?.....

If so, specify.....

(Signed) Russell Smith M. D.

(Address).....

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

4902

OCCUPATION

MOTHER FATHER

