

OCT 14 1937

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

Do not use this space.

32203

1. PLACE OF DEATH

County.....

Township.....

City St. Louis, Mo. (No.)Registration District No. **791**Primary Registration District No. **1003**City Sanitarium St. Ward)

File No.

Registered No. **8257**

St. Ward)

2. FULL NAME Jacob Leer(a) Residence, No. 4353 Swan Ave. St. 18 Ward. (If nonresident, give city or town and State)Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Leer6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26, 1888

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
48	8	6		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad10. Date deceased last worked at this occupation (month and year) 1-9-31 11. Total time (years) spent in this occupation.12. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Austria13. NAME Mike Leer14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Austria15. MAIDEN NAME Anna Reiner16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Austria17. INFORMANT Hubert P. Smith (ADDRESS) 5400 Arsenal Dr

18. BURIAL, CREMATION, OR REMOVAL

PLACE NEW ST. MARCUS DATE 9-4 193719. UNDERTAKER Diegshausen Mortuaries (ADDRESS) 4104 Manchester Ave.20. FILER J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 1/37 1922. I HEREBY CERTIFY, That I attended deceased from Oct. 3/32 19, to Sept 1/37 19I last saw him alive on Sept. 1/37 19. Death is saidto have occurred on the date stated above, at 3:25 P.M.

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

Bronchopneumonia 8-31-37 Date of onset

Other contributory causes of importance

Carcinoma of Parotid & SibmaxillaryGland 1936x

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?.....

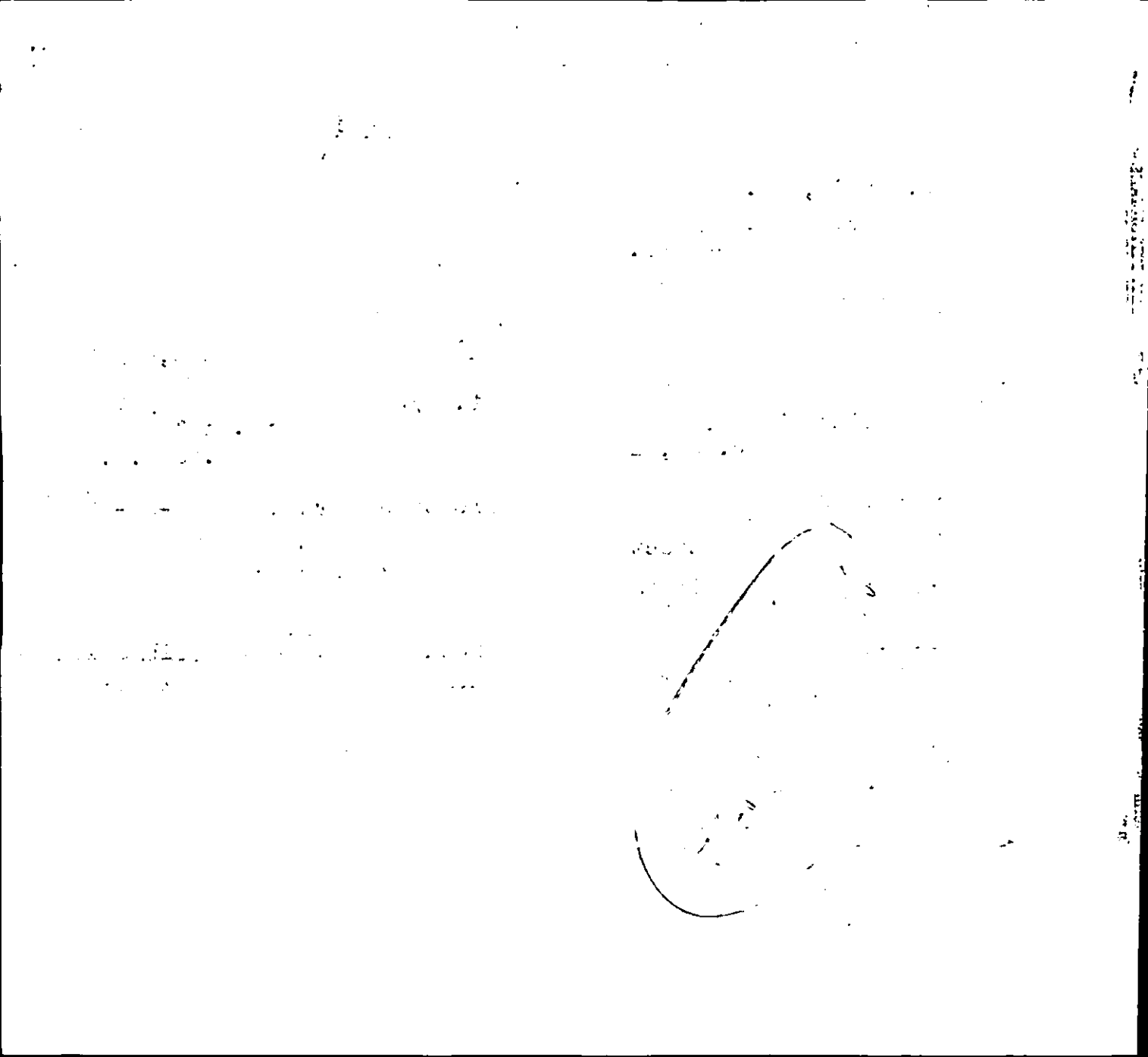
If so, specify

(Signed) Hubert P. Smith M. D.(Address) 5400 Arsenal Dr

SEP 2 1937

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.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Louis
Township 1
City St. Louis (No. City)

Registration District No. 791
Primary Registration District No. 1003
City St. Louis

File No. 322034
Registered No. 8257
St. St. Louis Ward 1

2. FULL NAME

(a) Residence No. 4353 Swan Ave St. St. Louis Ward 1

(Usual place of abode)
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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE YEARS 48 MONTHS DAYS If LESS than 1 day, hrs. or min.

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED NOV 1 1937 J. T. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1 1937

22. I HEREBY CERTIFY, That I attended deceased from to, 19

I last saw him alive on, 19. Death is said to have occurred on the day stated above, at m.

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

Pneumothorax Date of onset

Other contributory causes of importance:

Arteriosclerosis of Carotid and Submaxillary Glands
Primary Gastric Cancer

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) Hubert Smith, M. D.

(Address) 5400 Arsenal

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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