

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.

OCT 14 1937

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

32752

Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **St. Louis** (d) Street No. **Christian Hospital** Registered No. **8806**  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

**Sebastian Lieb**  
(a) Residence, No. **4237 Linton Avenue** St. **10**  
(Usual place of abode, if no street address, write county or city) (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) **Widower**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Emma Lieb (Not Known)**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 3, 1853**

7. AGE YEARS **84** MONTHS **6** DAYS **17** If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION? 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Barber**  
9. Industry or business in which work was done, as saw mill, bank, etc. **Retired**  
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) **Germany**

FATHER 13. NAME **Not Known**

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

MOTHER 15. MAIDEN NAME **Not Known**

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

17. INFORMANT (ADDRESS) **Mrs. Theo. Lescher**  
**4237 Linton Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Friedens** DATE **Sept. 22, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Math. Hermann & Son**  
**2161 East Fair Avenue**

20. FILED **SEP 21 1937** **J. F. Bredeck**  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 20, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **9-11**, 1937, to **9-20**, 1937.  
I last saw him alive on **9-19**, 1937. Death is said to have occurred on the date stated above, at **5:05 A. M.**  
The principal cause of death and related causes of importance were as follows:

**Chronic endocarditis**  
**Chronic arteriosclerosis**  
Date of onset

Name of operation..... Date of.....  
What test confirmed diagnosis? **Eyes** 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) **Harold W. ...** M. D.  
(Address) **5074 N. Union**

STATEMENT BY LICENSED EMBALMER

I, William G. Buchholz, Licensed Embalmer No. 2110

hereby certify that the body recorded on the reverse side of this certificate was embalmed by William G.

Buchholz L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed William G. Buchholz

Licensed Embalmer No. 2110

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**