OCT 14 1937

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

Do not use this space.

32941

1. PLACE OF DEATH

County .....

Township .....

City St. Louis, Mo. (No. ....., City Sanitarium St. ..... Ward)

Registration District No. 1003 — 791

Primary Registration District No. 1003

File No. 8995

Registered No. 8995

2. FULL NAME Rose Leingang

(a) Residence, No. 5703 Highland St., 6 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 41 yrs. 8 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7, 1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	41	8	18	

OCCUPATION

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. Housewife

10. Date deceased last worked at this occupation (month and year) Mar. 1934

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Lousi Missouri

FATHER

13. NAME Chris Schmidt

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

MOTHER

15. MAIDEN NAME Rose Hess

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

17. INFORMANT (ADDRESS) William T. Beilby M.D. 5400 Arbutus St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Matthews, Mo. DATE 9/29/31

19. UNDERTAKER (ADDRESS) Witt Bros & Wo. 2929 S. Jefferson Ave

20. FILED SEP 27 1937 J. A. Bredeck Registrar.

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.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 25/37 .19

22. I HEREBY CERTIFY, That I attended deceased from Jult 8/35, 19..., to Sept. 25/37, 19...

I last saw her alive on Sept. 25/37, 19... Death is said to have occurred on the date stated above, at 10.55 P.M.

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

	Date of onset
Polycythemia Vera 12-2336-X	

Other contributory causes of importance:

Carbuncle of back

Edema of Lung

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) William T. Beilby, M. D.

(Address) 5400 Arbutus St