

DEC 13 1937

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

39451
Do not use this space.

791

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No. **1008**
 (c) City St. Louis (d) Street No. 6052 Marquette Ave. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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.

2. PRINT FULL NAME Peter Paul Liebman

(a) Residence, No. 6052 Marquette Ave. St. **14**
 (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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Liebman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 1 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Tool & Die maker
 9. Industry or business in which work was done, as 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) Germany

13. NAME Joseph Liebman

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

15. MAIDEN NAME Agatha Dorn

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

17. INFORMANT Anna Liebman
 (ADDRESS) 6052 Marquette Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Crematory DATE 11-11 1937

19. FUNERAL DIRECTOR Kriegshauser Mortuaries
 (ADDRESS) 4228 So. Kingshighway

20. FILE NO. NOV 10 1937 J. S. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-9 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1937, to Nov 9, 1937
 I last saw him alive on Nov 9, 1937 Death is said to have occurred on the date stated above, at 3:50 P.M.
 The principal cause of death and related causes of importance were as follows:

Acute Cordear Decompensation 11-3-37
Chronic Hypertension
Chronic Interstitial Nephritis
Embolic of Lungs Hypertrophic
 Date of onset 11-3-37

Other contributory causes of importance: Chronic Interstitial Nephritis
Embolic of Lungs Hypertrophic

Name of operation no Date of
 What test confirmed diagnosis? Clin + Lab 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) J. S. Bredeck M. D.
 (Address) 5930 S. Anchor Ave

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.

374
16
11

Dr Cleveland J
8-10 Southwick Ave
5930

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

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

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Reinhold K. Lohmann

Licensed Embalmer No.

3395

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.)