

JAN 24 1938

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

46809
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96
(b) Township _____ Primary Registration District No. 4475 Registered No. 30
(c) City St. Louis U. City (d) Street No. 6643 Kingsbury 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

HERMAN GOTTLIEB

(a) Residence, No. 6643 Kingsbury St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 **Rose Gottlieb**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 21, 1891**

7. AGE YEARS **46** MONTHS **3** DAYS **10** If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. **Realestate**
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) **Warsaw** (STATE OR COUNTRY) **Poland**

FATHER 13. NAME **Moses Gottlieb**

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

MOTHER 15. MAIDEN NAME **Malka (unk)**

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

17. INFORMANT (ADDRESS) **Mrs. Rose Gottlieb 6643 Kingsbury**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bnai Amoona** DATE **1-2-38**

19. FUNERAL DIRECTOR (ADDRESS) **H. B. Berger 4715 McPherson**

20. FILED **JAN 2 1938** **THEODORE R. MEYER M. D.** (Address) **3720 Washington Ave**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 31 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 31 1937**, to _____, 19____. I last saw him alive on **that date**, 19____. Death is said to have occurred on the date stated above, at **11:15 P.M.**

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

Coronary Occlusion

Other contributory causes of importance: **44**

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) **W. H. Ormsted**, M. D. (Address) **3720 Washington 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.

STATEMENT BY LICENSED EMBALMER

I, L J Brewer, Licensed Embalmer No. 3988
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed L J Brewer
Licensed Embalmer No. 3988

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.)