

REC'D APR 1 1938 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8678
Do not use this space.

1. PLACE OF DEATH
 (a) County
 (b) Township
 (c) City St. Louis (d) Street No. St. Johns Hospital 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 Julia Leiber, 160
 (a) Residence, No. 3122 Geyer Avenue St. 17
 (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 Female 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 Austin Leiber
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27, 1896
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
42 1 6
 OCCUPATION 8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. At Home
 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) Milstadt Ill
 FATHER 13. NAME Jacob Luepke
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Ill
 MOTHER 15. MAIDEN NAME Amelia Cajacob
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo
 17. INFORMANT (ADDRESS) Austin Leiber 3122 Geyer Avenue
 18. BURIAL, CREMATION, OR REMOVAL PLACE Evergreen DATE Mar. 8, 1938
 19. FUNERAL DIRECTOR (ADDRESS) Math. Hermann & Son 2161 East Fair Avenue
 20. FILED MAR 7 1938 J.F. Brueck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 5, 1938
 22. I HEREBY CERTIFY, That I attended deceased from February 26, 1938, to March 5, 1938
 I last saw her alive on March 5th, 1938 Death is said to have occurred on the date stated above, at 9:55 P. M.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia, Type 5
 Date of onset
 Other contributory causes of importance:
 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? No
 If so, specify
 (Signed) J. E. Brown M. D.
 (Address) 517 Beaumont Medical Bldg., St. Louis, Mo.

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, 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.)