

N. B.—Every item of information 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.

REC'D OCT 6

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

Do not use this space.

32164

File No. _____

Registered No. 82

St. _____ Ward _____

1. PLACE OF DEATH

36 County FRANKLIN | Registration District No. 297
Township _____ | Primary Registration District No. 3016
City WASHINGTON (No. St. Francis Hospital)

2. FULL NAME

WILLIAM H LERBS 101?
(a) Residence, No. Burger, Mo. St. _____ Ward. Burger, Mo
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 1 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 ETHEL LERBS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4-1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
46 10 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CHICK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HATCHERY

10. Date deceased last worked at this occupation (month and year) 3 yrs | 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis, Mo

13. NAME Wm LERBS, SR

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

15. MAIDEN NAME ANNA WINDHORST

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stony Hill Mo

17. INFORMANT Mrs. Anna Lerbs (ADDRESS) BURGER, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE BURGER, Mo DATE SEP 18 1938

19. UNDERTAKER HERMAN BLUMER (ADDRESS) BURGER, Mo

20. FILED Sept 16 1938 Registrar H. May

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16 1938

22. I HEREBY CERTIFY, that I attended deceased from Sept 7 1938 to Sept 16 1938

I last saw him alive on Sept 16 1938 Death is said to have occurred on the date stated above, at 12:59 p.m.

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

Mesenteric thrombosis Date of onset Sept 7-38
Hemorrhage into abdomen Sept 7-38
gastrointestinal small intestine obstruction

Other contributory causes of importance Acute nephritis 1860 9-7-38

Name of operation _____ Date of _____

What test confirmed diagnosis? Chemical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury Sept 7, 1938

Where did injury occur? Union Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Fall

Nature of injury Traumatic

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) Laurel T. Lawrence, M. D.

(Address) Union Mo

