

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

16524
Do not use this space.

1. PLACE OF DEATH

(a) County..... / Registration District No. **791**
 (b) Township..... / Primary Registration District No. **1003**
 (c) City **St. Louis** / (d) Street No. **Jewish 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 **Robert E. Leiber**

(a) Residence, No. **3545 S. Jefferson** St. **24** (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) Widowed		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Leiber				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1 1879				
7. AGE	YEARS 59	MONTHS 9	DAYS 0	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Brewery Worker			
	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): St. Louis (STATE OR COUNTRY) Mo.				
FATHER	13. NAME Geo. Leiber			
14. BIRTHPLACE (CITY OR TOWN): St. Louis (STATE OR COUNTRY) Mo.				
MOTHER	15. MAIDEN NAME Unknown			
16. BIRTHPLACE (CITY OR TOWN): Unknown (STATE OR COUNTRY)				
17. INFORMANT Eugene Leiber (ADDRESS) 5653 Labadie Ave				
18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Crematory DATE May 4 , 19 39				
19. FUNERAL DIRECTOR (NAME) Wm. Schumacher (ADDRESS) 3013 Tieramec St.				
20. FILED MAY 2 1939 J. B. Bruders Local Registrar.				

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1 , 19 39
22. I HEREBY CERTIFY, That I attended deceased from 4 - 18 , 19 39 , to 5 - 1 - , 19 39 I last saw him alive on 5 - 1 - , 19 39 . Death is said to have occurred on the date stated above, at 9 P.m. The principal cause of death and related causes of importance were as follows: Thrombo phlebitis; both legs & left arm. Invasion of body by above process. Syphilis. <i>J. B. Bruders</i> Other contributory causes of importance: Name of operation none Date of _____ What test confirmed diagnosis? Observation 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) Rolandeet Stueber , M.D. (Address) 462 N. Taylor.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. 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 hereby certify that the body whose names recorded on the reverse side of this certificate was embalmed by me, or by

Clarence Kochow

Registered Apprentice No.

working under my personal supervision.

Signed

Clarence Kochow

Licensed Embalmer No.

3093

P. O. Address

3013.7 Meramec

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.)

If this body is not embalmed, above space should be left blank.