

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

Do not use this space.

17734

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 107  
City St. Louis (No. 6017 , Arsenal st)

File No.....  
Registered No. 4688  
St. .... Ward)

**2. FULL NAME** Charles J. Leich.

(a) Residence, No. .... St., 3 Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) <b>Married</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <b>Lena Leich</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Sep. 18 1872</b>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<b>59</b>	<b>7</b>	<b>24</b>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Foreman 37</b>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>City Ice &amp; F Co.</b>			
	10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN)..... <b>St. Louis Mo. 1</b> (STATE OR COUNTRY)				
MOTHER FATHER	13. NAME <b>Charles Leich</b>			
	14. BIRTHPLACE (CITY OR TOWN)..... <b>Germany 10</b> (STATE OR COUNTRY)			
	15. MAIDEN NAME <b>Ninnie Kaufmann</b>			
16. BIRTHPLACE (CITY OR TOWN)..... <b>St. Louis 1</b> (STATE OR COUNTRY)				
17. INFORMANT <b>Lena Leich 6017 Arsenal st</b> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>St. Peters Cem.</b> DATE <b>May 14 1932</b>				
19. UNDERTAKER <b>Wm. Schuyler 4834 Grand Bridge</b> (ADDRESS)				
20. FILED <b>MAY 13 1932</b> 1932 <b>Wm. Schuyler Registrar</b>				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1936 to May 13 1937, 1937  
I last saw him alive on May 13 1937 Death is said to have occurred on the date stated above, at 11:50 am.  
The principal cause of death and related causes of importance were as follows:  
Date of onset

Myocarditis Chronic  
Myocardial Failure  
930  
930  
930

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) Wm. Schuyler M. D.  
(Address) 602 W. Kansas

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.

