

31

DIVISION OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Cuyahoga Registration District No. 8116 File No. 58853
Township _____ Primary Registration District No. _____ Registered No. 8504
or Village _____ No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of Cleveland

2 FULL NAME Emil Leber Did Deceased Serve in U. S. Navy or Army _____
(a) Residence. No. 3283 W-34th St. _____ Ward 3
(Usual place of abode)
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

MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE W 5 Single, Married, Widowed or Divorced (write the word) Married

6a If married, widowed or divorced HUSBAND of (or) WIFE of Emma Leber

6 DATE OF BIRTH (month, day, and year)

7 AGE Years Months Days If LESS than 1 day or min.
43 5 22

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mail Carrier
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9 BIRTHPLACE (city or town) Cleveland
(State or country) Ohio

10 NAME OF FATHER Joseph Leber

11 BIRTHPLACE OF FATHER (city or town) Bohemia
(State or country)

12 MAIDEN NAME OF MOTHER Anna Kucera

13 BIRTHPLACE OF MOTHER (city or town) Bohemia
(State or country)

14 Informant 12410 Woodland St
(Address) Mrs J J Grogan

15 Filed NOV 8 1924
Acting REGISTRAR

16 DATE OF DEATH (month, day and year) 11-6-1924

17 I HEREBY CERTIFY, That I attended deceased from 4-20-1924 to 11-6-1924
that I last saw him alive on 11-6-1924
and that death occurred, on the date stated above, at 7 a.m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
(duration) yrs. mos. ds.

CONTRIBUTORY Pulmonary Hemorrhage
(SECONDARY) (duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? no

Was there an autopsy? no

What test confirmed diagnosis? Physical & X-rays
(Signed) J J Kucera M. D.
11-6-1924 (Address) 2741 W 25th St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Riverside Cemetery DATE OF BURIAL Nov. 8 1924

20 UNDERTAKER, License No. Carl H. Sauer 2868-A ADDRESS 5220 Storer Ave

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.