

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

Do not use this space.

4603

1. PLACE OF DEATH

County..... Registration District No. 7891
 Township..... Primary Registration District No. 1003
 City, St. Louis (No. Deaconess Hospital)

File No.....
 Registered No. 1287 St. Ward.....

2. FULL NAME

Josephine Lichtenberg
 (a) Residence, No. 5500 S 37 St., 15 Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S., if of foreign birth? 40 yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louis Lichtenberg</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 2 1859</u>					
7. AGE	YEARS <u>59</u>	MONTHS <u>11</u>	DAYS <u>23</u>	IF LESS than 1 day, hrs. or min.	
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>Housewife</u>					
(b) General nature of industry, business, or establishment in which employed (or employer)					
(c) Name of employer					
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>					
10. NAME OF FATHER <u>unknown</u>					
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>					
12. MAIDEN NAME OF MOTHER <u>Theresa Masner</u>					
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>					
14. INFORMANT <u>Charles Lichtenberg</u> (Address) <u>5500 S 37 St. St.</u>					
15. FILED <u>Wm E. Franklin</u> REGISTRAR					

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 25 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 25 1929 to Jan 25 1929 that I last saw her alive on Jan 25, 1929, and that death occurred, on the date stated above, at 6:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Empyema left chest,
1100 (duration) yrs. mos. ds. (Sw)

CONTRIBUTORY (SECONDARY) Sarva pneumonia (duration) yrs. mos. ds. 30 da.

18. WHERE WAS DISEASE CONTRACTED?
 IF NOT AT PLACE OF DEATH, DATE OF CONTRACTING DISEASE
1011 1/2 S. Walnut St. St. Louis Mo. 1-25-29

2. DID AN OPERATION PRECEDE DEATH? no DATE OF OPERATION 1-25-29

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Thyroid Chest
 (Signed) Sam J. Smith M. D.
 (Address) 3624 S Broadway

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peter & Paul DATE OF BURIAL Jan 28 1929

20. UNDERTAKER Thos. Kett ADDRESS 8706 Gravois ave.

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.

PERMANENT RECORD

22
 10
 10
 10

