

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.

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

Do not use this space.

JAN 13 1936

791
1003

38160
11126

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis, Mo. (City of St. Louis)
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3809 Arsenal St. City St. Louis Ward 13
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>unk</u> <u>Divorced</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 12, 1852</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>11</u>	DAYS <u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Printer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>		
10. Date deceased last worked at this occupation (month and year) <u>-</u>		
11. Total time (years) spent in this occupation <u>-</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
13. NAME <u>George Liedtke</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Christina Raup</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>E. Moloney</u> (ADDRESS) <u>5809 Arsenal</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington</u> DATE <u>12-11-35</u>		
19. UNDERTAKER <u>Walter Richten</u> (ADDRESS) <u>3500 Butler St</u>		
20. FILED <u>20 1935</u> <u>J. F. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1931, to Nov 29, 1935
I last saw him alive on Nov 29, 1935 Death is said to have occurred on the date stated above, at 11:30 am.
The principal cause of death and related causes of importance were as follows:
Cerebral accident
95%
Date of onset _____

Other contributory causes of importance:
Arteriosclerotic heart disease

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____
(Signed) C. J. Smith M. D.
(Address) St. Louis, Mo.

