

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.

1937 14 1837

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

32531

Do not use this space.

791

1003

8585

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis (d) Street No. 5700 Highland Ave. 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 52 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 52 yrs. mos. ds.

2. PRINT FULL NAME

Frank Liebig
(a) Residence, No. 5700 Highland Ave. St. 6
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary M. Liebig</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 1st, 1867</u>		
7. AGE <u>70</u>	YEARS <u>2</u>	MONTHS <u>11</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>nil</u>		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) (STATE OR COUNTRY) <u>Germany</u>
13. NAME <u>Unknown Liebig</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
15. MAIDEN NAME <u>Unknown</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>

17. INFORMANT (ADDRESS) <u>Mary M. Liebig</u> <u>5700 Highland Ave.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>French Village, Mo.</u> DATE <u>Sept 15, 1937</u>
19. FUNERAL DIRECTOR (ADDRESS) <u>Archbishop</u> <u>1905 Union Blvd.</u>
20. FILED <u>SEP 13 1937</u> <u>J. Bredeck</u> Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 12th, 193722. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1934, to Sept 12, 1937

I last saw him alive on Sept 12, 1937. Death is said to have occurred on the date stated above, at 3 a. m.
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis
Paralysis left arm & leg
Results of Cerebral Apoplexy
Date of onset 1930
1934

Other contributory causes of importance:
Acute dilatation heart Sept 12, 1937

Name of operation..... Date of.....
What test confirmed diagnosis? lab. 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) D. C. Besserman, M. D.
(Address) 1443 Holman

10-10-2005
Elmer C. Drehmann

STATEMENT BY LICENSED EMBALMER

I, Elmer C. Drehmann, Licensed Embalmer No. 3690

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Elmer C. Drehmann

L. E.

No. 3690 or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed

Elmer C. Drehmann

Licensed Embalmer No. 3690

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.)