

REC'D MAY 10 1938

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

12626

Do not use this space.

3230

## 1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City St. Louis  
(e) Length of residence in city or town where death occurred 7 yrs. 7 mos. 7 ds.Registration District No. 791  
Primary Registration District No. 1003  
(d) Street No. 5138a WabadaRegistered No. 3230  
St. St.  
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 5138a Wabada 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Philip Liebler6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13. 18657. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
73 1 21OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
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) St. Louis Mo.FATHER 13. NAME Bernard Beckmann14. BIRTHPLACE (CITY OR TOWN): (STATE OR COUNTRY) unknown GermanyMOTHER 15. MAIDEN NAME Mary Theismann16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Germany17. INFORMANT (ADDRESS) Gus Spinalo 5138a Wabada18. BURIAL, CREMATION, OR REMOVAL PLACE SS. Peter & Paul DATE April 7 193819. FUNERAL DIRECTOR (ADDRESS) P. Miceli & Son 1133 No. Kingshighway Bl.20. FILED APR 5 1938 J. D. Brudick Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 4 193822. I HEREBY CERTIFY, That I attended deceased from Oct 15 1937 to Apr 4 1938I last saw her alive on Apr 3 1938. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis

Date of onset

Other contributory causes of importance:

Ch. Endocarditis  
Ch. MyocarditisName of operation none Date ofWhat test confirmed diagnosis? Clinical 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) Samuel Wray M. D.(Address) 2906 N. Union Blvd

**STATEMENT BY LICENSED EMBALMER**

I, Arnold W. Schoene, Licensed Embalmer No. 3864

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

Arnold Schoene

Licensed Embalmer No. 3864

**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.)**