WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

REC'D JUL 12 1939

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

20338
Do not use this space.

791
1008

1. PLACE OF DEATH
(a) County 2 Registration District No. 1008
(b) Township 1 Primary Registration District No. Registered No. 5182
(c) or City ST. LOUIS MO (d) Street No. 1455 BENTON 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 453 HENRY LILIENTHAL
(a) Residence, No. 1455 BENTON St. 26
(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: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ MINNIE LILIENTHAL
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 1ST 1865
7. AGE: YEARS 74 MONTHS 5 DAYS 6 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FIREMAN
9. Industry or business in which work was done, as saw mill, bank, etc. PUB. BATH HOUSE
10. Date deceased last worked at this occupation (month and year) NOV 1931
11. Total time (years) spent in this occupation 5 YRS

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DAVENPORT IOWA

FATHER
13. NAME GEORGE LILIENTHAL
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER
15. MAIDEN NAME DONT KNOW
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY 6

17. INFORMANT (ADDRESS) H. J. Lilienthal 6 1455 Benton St
18. BURIAL, CREMATION, OR REMOVAL PLACE ST. PETERS DATE JUNE 10TH 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) BROCKLAND UND. CO. 1827 HOGAN STR.
20. FILED JUN 9 1939 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 7TH 1939
22. I HEREBY CERTIFY, That I attended deceased from Feby 1, 1939, to Jun 7, 1939
I last saw him alive on June 7, 1939. Death is said to have occurred on the date stated above, at 11:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lower jaw, Primary and esophagus	6/1/38

Other contributory causes of importance: Chronic nephritis 6/1/38

Name of operation Removal part of lower jaw Date of 6/20/38
What test confirmed diagnosis? [illegible] Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 19
Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify X
(Signed) Dr William T Hirsch, M. D.
(Address) 3500 N Grand

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Albert W. Kappe

Licensed Embalmer No. 1861

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.