

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County 2
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4031 a N. Florissant
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Henry Liekweg Sr. 226

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henrietta Liekweg 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Dec. 1, 1874
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>64</u>	<u>7</u>	<u>10</u>	hr. _____ min. _____

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Park Dept.

MOTHER FATHER { 12. Name Fred Liekweg

18. Birthplace Liepsse Germany
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Marks

15. Birthplace Black Jack Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Henrietta Liekweg

(b) Address 4031 a N. Florissant

17. (a) Burial (b) Date thereof 7/14/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Black Jack Cemetery

18. (a) Signature of funeral director Chudman & Sons

(b) Address 3934 W. 20th St.

19. (a) JUL 13 1939 (b) J. B. Beck
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis **126**
(If outside city or town limits, write "RURAL")
(d) Street No. 4031a N. Florissant
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 12 day 12
year 1939 hour 4:45 minute _____ M.

21. I hereby certify that I attended the deceased from _____ 1939 to _____ 1939
that I last saw him alive on July 11 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic Pneumonia - Cerebral Hemorrhage (Bulbar Paralysis) 7 days
Due to arteriosclerosis

Due to Lober Pneumonia

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature W. A. King (M. D. or other) _____
Address 5701 N. Broadway, St. Louis Date signed 7-14/39

PHYSICIAN
Underline the cause to which death should be charged statistically.

COPYING BACK INK - MAKE 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.

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

Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.)

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