27 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 9 1939

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40911

Primary Registration District No. 200

Registrar's No. 2077

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.

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town BlackJack Mo. R4 Box 831
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BlackJack Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community 58 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town BlackJack Mo. R.4 Box 831
(If outside city or town limits, write "RURAL")
Baden Station

(d) Street No. ____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Henry Liliensiek Sr. 459

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maria Liliensiek

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Aug. 19 1864 (Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 5 If less than one day ____ hr. ____ min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Henry Liliensiek

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

MOTHER 14. Maiden name Louise Poggemuller

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

16. (a) Informant's own signature Maria Liliensiek

(b) Address BlackJack Mo. R.4 Baden Station

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov.28 1939 (Month) (Day) (Year)

(c) Place: burial or cremation BlackJack Cemetery

18. (a) Signature of funeral director Diedrich Funeral Home

(b) Address 8319 Halls Ferry Rd.

19. (a) NOV 27 1939 (Date received local registrar) (b) R. Meyer Mehlhop (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24 year 1939 hour 7 minute 25 P.M.

21. I hereby certify that I attended the deceased from Oct 1, 1939, to Nov. 24, 1939, that I last saw him alive on Nov 24. 1939 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage.	Sudden
Due to	
Due to 82	
Other conditions Arteriosclerosis. Hypertension (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy ____

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

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature Wm. A. Knight (M. D. or other)

Address 5201 N. Broadway Date signed 11/26/39

(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 Arthur P. Friedrich

Licensed Embalmer No. 3556

P. O. Address St. Louis

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

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