S. No. 2
-11-10-39
5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23079

Registration District No. JUL 25 1940 Primary Registration District No. 6176 Registrar's No. 13

1. PLACE OF DEATH:
(a) County Warren Charrett, F
(b) City or town Marthasville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Warren
(c) City or town Marthasville
(If outside city or town limits write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME Adeline A. Lichtenberg 235

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Fred. W. Lichtenberg

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased September (Month) 25 (Day) 1883 (Year)

8. AGE: Years 56 Months 8 Days 13 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Embalmer

MOTHER FATHER
12. Name Julius Nagel
13. Birthplace Dutzow (City, town, or county) Missouri (State or foreign country)
14. Maiden name Mina Lagemann
15. Birthplace Marthasville, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant
(b) Address Marthasville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Marthasville, Mo.

18. (a) Signature of funeral director Fred W Lichtenberg
(b) Address Marthasville Mo

19. (a) 6/8/40 (Date received local registrar) (b) G C Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th year 1940 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 24, 1940, to June 7, 1940; that I last saw her alive on June 7, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the distal portion of Transverse Colon — Duration 2 years

Due to

Due to 46

Other conditions (Include pregnancy within 3 months of death): Metastatic Carcinoma of Liver — 1 year

Major findings: Of operations: Carcinoma of the colon distal portion with metastasis in the liver

Of autopsy: no 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 Herbert H Schmidt (M. D. or D.O.) MD
Address Marthasville Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

JUL 22 1947

MAY 23 1955

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 G. Koppen

Licensed Embalmer No. 2971

P. O. Address.....

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

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