

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

23082

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 894

Primary Registration District No. 6176

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Rural - Charrette
(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 _____)
In this community Life
years, months or days 235

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren
(c) City or town Rural Marthasville Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME Simon Samual Lichtenberg
8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 28
year 1940 hour unknown minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race White 6. (e) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Christina Lichtenberg 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 19 1865
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral thrombosis
result of long
standing high blood

8. AGE: Years Months Days If less than one day
74 8 6 hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Warren County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer

PHYSICIAN
Underline the cause to which death should be charged statistically.
9413

MOTHER FATHER
12. Name Frederick Lichtenberg
18. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name MAGDALENE Grodegute
16. Birthplace Germany
(City, town, or county) (State or foreign country)

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? no (Specify type of place) (e) Means of injury car

16. (a) Informant William Lichtenberg
(b) Address Marthasville, Mo.
17. (a) Burial (b) Date thereof May 29 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Holstein, Missouri
18. (a) Signature of funeral director Fred W. Lichtenberg
(b) Address Marthasville, Missouri
19. (a) 5/29/40 (b) _____
(Date received by registrar) (Registrar's signature)

23. Signature W. F. H. H. H. H. H. (M. D. or other) D. L.
Address Marthasville, Mo. Date signed 5-28

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

9

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 *Fred W. Lichtenberg*

Licensed Embalmer No. *1321*

P. O. Address *Marthasville*

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.