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14. BIRTHPLACE (CITY OR TOWN)   Germany   Name of operation   Date of   What test confirmed diagnosis?   Was there an autor   Was test confirmed diagnosis?   Was there an autor   What test confirmed diagnosis?   Was there an autor   What test confirmed diagnosis?   Was there an autor   What test confirmed diagnosis?   Was there an autor   Was test confirmed diagnosis?   Was there an autor   What test confirmed diagnosis?   Was test confirmed di	<u>.</u>   2		V	1 11	·		
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Accident, suicide, or homicide? Date of injury    16. BIRTHPLACE (CITY OR TOWN)   Germany	<del></del>	(SIAIE OR	COUNTRY		GOT mat	· y	What test confirmed diagnosis?
Accident, suicide, or homicide? Date of injury  Where did injury occur?  (Specify city or town, county, and specify whether injury occurred in industry, in home, or in public pt (ADDRESS)  Eelle, 10.  Manner of injury		15. MAIDEN NAME Lizzie Schmidt					23. If death was due to external causes (violence), fill in also the foll
Where did injury occur?  (Specify city or town, county, and Specify whether injury occurred in industry, in home, or in public pit (ADDRESS)  Eelle, 10.  Where did injury occur?  (Specify city or town, county, and Specify whether injury occurred in industry, in home, or in public pit (ADDRESS)  Manner of injury	:   -					Accident, suicide, or homicide? Date of injury	
17. INFORMANT LIPS. Pary Biermann (ADDRESS) Eelle, 10. Manner of Inhury	É "	(STATE OR COUNTRY) . Germany					Where did injury occur?
(ADDRESS) Eelle, YO. Manner of injury			Mre	Many F		- <del>*</del>	Specify whether injury occurred in industry, in home, or in public place
			1112 13				, , , , , , , , , , , , , , , , , , ,
18. BURIAL, CREMATION, OR REMOVAL	e. Bu	IRIAL, CREM	ATION, C		<u>, 1(U .</u>		I
macs Ji berty Cem pare June 5 1940 Nature of injury.					DATE June	5.1940.	
24 Was disease or injury in any may related to persuration of decrees						<del></del>	24. Was disease or injury in any way related to occupation of decease
(ADDRESS) Palla 10	9. FU (	NERAL DIRE ADDRESS)	CTOR			7.02	(a)
20. FILED aug/D 19/0 Mrs Journaly (Address) De 1			. /_	., 0	<del>- 1 / 1 - 1 - 1</del>	<del>'V.</del> //.	KI CAN.

## STATEMENT BY LICENSED EMBALMER

I	, Licensed Embalmer No
<b>*</b>	se side of this certificate was embalmed by
•	
Noor by	, Registered Apprentice No
working under my personal supervision.	
	Signed
	Licensed Embalmer No

the above constitutes grounds for revocation of license.)

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi