

No. 4-13-4 5-17

43968

State File No. 2

ED JAN 8 1949 84
Registration District No. 784

Primary Registration District No. 22

Registrar's No. 2383

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town HAIRMORE MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
HAIRMORE MO
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE
(Specify whether)

In this community 7 1/4 years, months or days 2

3. (a) PRINT FULL NAME CLIFERT LIKE

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased Aug. 20 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>3</u>	<u>25</u>	hr. min.

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business 5

12. Name ABE LIKE

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

14. Maiden name UNKNOWN

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

16. (a) Informant ARMY

(b) Address BADEN STATION R 3

17. (a) BURIAL (b) Date thereof DEC. 17 - 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FRY CEMETERY

18. (a) Signature of funeral director Sedrich F. Howe

(b) Address 8319 Maple Street, St. Louis

19. (a) DEC 17 1948 (b) DR. Myrtle D. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town HAIRMORE MO. BADEN STATION
(If outside city or town limits, write "RURAL") R. 3

(d) Street No. BADEN STATION R 3
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 15
year 1940 hour 12 minute NOON M.

21. I hereby certify that I attended the deceased from Dec. 12, 1940 to Dec 15, 1940, that I last saw him alive on Dec. 15, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Labes Pneumonia

Due to 108

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

Duration 24 hrs 3 days

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? —

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

23. Signature Wm. A. Thigb (M. D. or other) —
Address 8201 N. Broadway Date signed 12/16/40

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 R. Friedrich

Licensed Embalmer No. *3556*

P. O. Address. *St. Louis City*

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43968

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2383

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Lairmore
(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 _____
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Cliffert Lize

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH: Month Dec day 15
year 1940 hour _____ minute _____ M.

4. Sex m

5. Color or race w

6. (a) Single, widowed, married, divorced 5

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ year _____

7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

8. AGE: Years 67 Months 3 Days 25
If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 127740 (b) 91 Meyer
(Date received local registrar) (Registrar's signature)

Duration _____

Due to _____

Due to _____

Other conditions _____
(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? _____

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

23. Signature Wm A Kugel (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

