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MAR 25 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1328

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3315a Iowa Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 3315a Iowa Ave.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Elizabeth Mueller Liebens

3. (b) If veteran, name war. ---

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife August

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

7. Birth date of deceased November 15, 1848  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>92</u>	<u>2</u>	<u>20</u>	hr. _____ min.

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

10. Usual occupation Home

11. Industry or business \_\_\_\_\_

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Hannah Rackway

(b) Address 3315a Iowa Ave.

17. (a) Burial (b) Date thereof 2/10/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Marcus

18. (a) Signature of funeral director Wacker-Teelderle

(b) Address 2331 S. Broadway

19. (a) FEB 10 1941 (b) J. W. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7 1941  
year 1941 hour 4 minute a. M.

21. I hereby certify that I attended the deceased from Feb. 3<sup>rd</sup> 1941, to Feb. 6<sup>th</sup> 1941.  
that I last saw her alive on Feb. 6<sup>th</sup> 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia non Pneumococci  
Duration 4 days

Due to 108

Due to \_\_\_\_\_

Other conditions Intermittent of advanced age  
(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 8

23. Signature Henry P. Grael (M. D. or other) \_\_\_\_\_  
Address 2905 Cherokee St Date signed 2/8/41

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

**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.....

*Robert Crowley*

Licensed Embalmer No.....

*2128*

P.O. Address.....

*St Louis mo*

**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.**