

No. 2
-1-4-41
-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26883

FILED SEP 17 1941

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6675

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution _____
In this community 22 years 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 13
(If outside city or town limits, write "RURAL") 10

(d) Street No. 4124 W. Green Lea Place 1
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME FRANK A. LIEBHABER,

3. (b) If veteran, name war None

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 12
year 1941 hour 5 minute 0 PM M.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Geraldine A. Schlindwein 43 years

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

7. Birth date of deceased Nov. 23, 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 21 1941 to Aug 12 1941
that I last saw him alive on Aug 12 and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>51</u> | <u>3</u> | <u>20</u> | hr. _____ min. _____ |

Immediate cause of death: Septicemia

Due to Necrotic carcinoma of rectum

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy yes

Duration _____

9. Birthplace New York
(City, town, or county) (State or foreign country)

10. Usual occupation Railway Postal Clerk

11. Industry or business _____

12. Name Frank A. Liebhaber

13. Birthplace Not Known 4
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Roeseler

15. Birthplace Not Known 4
(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? _____

(Specify type of place)

While at work? _____ (b) Means of injury _____

16. (a) Informant Mrs. Geraldine A. Liebhaber

(b) Address 4124 W. Green Lea Place

17. (a) Buried (b) Date thereof 8/16/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

23. Signature J. E. Martin (M. D. or other) Med
Address 4005 W. Flannery Date signed 8/16/41

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) AUG 15 1941 (Date received local registrar)

(b) J. J. Credits (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....
Licensed Embalmer No.....
P. O. Address.....

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.