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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 24 1941
Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33472
Registrar's No. 8428

Primary Registration District No. 1003

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

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:
ST. LUKE HOSPITAL D
(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

3. (a) PRINT FULL NAME FRED LIABLE
3. (b) If veteran, name war NO 3. (c) Social Security No. 485-013208

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ANNA 6. (c) Age of husband or wife if alive 78 years (Day) (Year)
7. Birth date of deceased AUG. 2 1882 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 2 21 hr. min.

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

10. Usual occupation PRESSMAN

11. Industry or business PRINTING.

12. Name GEO. LIABLE

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

14. Maiden name KAZIBETH. NASSER

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

16. (a) Informant Anna Liable
(b) Address 2735 Vermont

17. (a) CREMATION (b) Date thereof 02-25-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MO. CREMATION

18. (a) Signature of funeral director J. S. Tomlin
(b) Address 7128 Michigan Ave

19. (a) OCT 24 1941 (b) J. F. Brodeur (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County 000 19
(c) City or town ST. LOUIS 9 1
(If outside city or town limits, write "RURAL")
(d) Street No. 6735 VERMONT. 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 23 day 23
year 1941 hour 2 30 minute PM M.

21. I hereby certify that I attended the deceased from July 1 1940 to Oct-23 1941
that I last saw him alive on Oct-22 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumo Duration 72 hrs

Due to 55 21
Due to h3 D

Other conditions undiagnosed Benetumor
(Include pregnancy within 3 months of death)
(Section from autopsy not completed)

Major findings: Tumor of bladder
Of operations Malignant - spreading in the sternum
Of autopsy Tumor of sternum, Rt clavicle, and subcutaneous 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) Means of injury _____

23. Signature H. J. McLaughlin (M. D. or other) _____
Address 204 Spruwell Bldg Date signed 10-24-41

McCarrall
Semin Hosp. 10⁴⁵
AM.

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

Dr. R. Fendler - J

Licensed Embalmer No. 925

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.