S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 1 1942

Registration District No. 848

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 26000

Registrar's No. 7113

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:
4143 A.Botanical Ave /
(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: 000

(a) State Missouri (b) County 17

(c) City or town St.Louis 017
(If outside city or town limits, write "RURAL")

(d) Street No. 4143 A.Botanical Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Elizabeth Liebig

3. (b) If veteran, name war ******* 3. (c) Social Security No. ********

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 2

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

7. Birth date of deceased July 18 1870 (Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 6 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Leslie Norman
13. Birthplace Pennsylvania (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Mary Jane Willis
15. Birthplace New Jersey (City, town, or county) / (State or foreign country)

16. (a) Informant Leslie Norman
(b) Address 4143 A.Botanical Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Auguet 26 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) AUG 25 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23rd day August year 1942 hour 10:45 minute P. M.

21. I hereby certify that I attended the deceased from July 30 1942, to Aug 23rd 1942, that I last saw her alive on Aug 24th 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Failure	2 wks
Chronic Myocarditis	
Due to Coronary Sclerosis	2 months
Angina Pectoris	
Due to Arteriosclerosis general	
Hypertension	
Other conditions Senility	
(Include pregnancy within 5 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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Arnold G. Klein (M. D. or other)
Address 2632 South Kingshighway Date signed 8/24/42

(Licensed Embalmer's Statement on Reverse Side)

Dr Winnold Klein
2632 S. Kingsbury

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 Frank I. Owens

Licensed Embalmer No. 2245

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.