

FILED DEC 15 1942

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. **10191**

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 Days
(Specify whether
 In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
 (c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
 (d) Street No. 3900 So. Main St.
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Gertrude Lichtfus

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Nov. 2 1873
(Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 3 If less than one day hr. min.

9. Birthplace Hungary 4
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....

12. Name Joseph Kilberger

13. Birthplace Hungary 4
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant William Gertrude Lichtfus

(b) Address 3900 So. Main St.

17. (a) Burial (b) Date thereof 12/8/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Selham - Perry Mortuary
 (b) Address 2842 Meramec St

19. (a) DEC 7 1942 (b) J. F. Madach
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5, year 1942 hour 1:00 minute 25 A.M.

21. I hereby certify that I attended the deceased from December 1, 1942 to December 5, 1942, that I last saw her alive on December 5, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure Duration

Due to Cerebral Thrombosis

Due to Secondary Pulmonary Tuberculosis

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) Means of injury.....

23. Signature Dr. W. Madach (M.D. or other) Address 1515 Lafayette Date signed 12/5/42

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.

Embalmer cert filed separately

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.