

Registration District No. ....

Primary Registration District No. ....

Registrar's No. **2490**

1. PLACE OF DEATH:

(a) County .....

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

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

(d) Length of stay: In hospital or institution 2-17-43 to 3-12-43  
(Specify whether 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. 3504 University St.  
(If rural, give location)

(e) Citizen of foreign country? .....

If yes, name country .....

3. (a) PRINT FULL NAME Charles Lietz

3. (b) If veteran, name war no .....

3. (c) Social Security No. 488-18-3730

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Caroline Lietz

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased September 5 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 6 7 hr. min.

9. Birthplace Vendy Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation checker

11. Industry or business American Packing Co

12. Name Ernest Lietz

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

14. Maiden name Katherine Miller

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

16. (a) Informant Mrs. Mabel Hoerner

(b) Address 3504 University St.

17. (a) Burial (b) Date thereof 3-16-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Callegoung Cemetery

18. (a) Signature of funeral director A. Kron P.O. Co

(b) Address 2707 N. Grand Bl

19. (a) MAR 16 1943 J. F. Bredest  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12<sup>th</sup>  
year 1943 hour 8<sup>10</sup> PM (minutes)

21. I hereby certify that I attended the deceased from February 17, 1943 to March 12, 1943;  
that I last saw him alive on March 12, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism

Due to Thrombosis of pelvic veins

Due to Post-operative stagnation

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

Major findings: Carcinoma of hepatic flexure of colon

Of autopsy .....

Duration

10 min.

3 days

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 .....

23. Signature Edward C. Kraft, Jr. (M. D. or other)

Address BARNES HOSPITAL Date signed 3/12/43

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

APR 17 1945

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.....

*Paul F. Swollenberg*

Licensed Embalmer No. *2631*

P. O. Address *2707 N. Grand*

**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.**