

FILED JUN 25 1943

Registration District No. **317**

Primary Registration District No. **6076**

Registrar's No. **1459**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Overland**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**2908 Kentucky**  
(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:

(a) State **Missouri** (b) County **18**

(c) City or town **Overland**  
(If outside city or town limits, write "RURAL")

(d) Street No. **2908 Kentucky**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **Joseph Lieberstein**

3. (b) If veteran, name war **40**

3. (c) Social Security No. **489-09-4828**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **21**  
year **1943** hour **2** minute **35 P.** M.

21. I hereby certify that I attended the deceased from **May 10**  
**1943** to **June 21** **1943**  
that I last saw him alive on **June 21** **1943**  
and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **white**

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

6. (b) Name of husband or wife **Margaret Langley**

6. (c) Age of husband or wife if alive **47 1/2** years

7. Birth date of deceased **August 16, 1885**  
(Month) (Day) (Year)

Immediate cause of death **Chronic Myocarditis**

Due to \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<b>57</b>	<b>10</b>	<b>5</b>	hr. _____ min.

Due to **Hypertension**

Other conditions (Include pregnancy within months of death) \_\_\_\_\_

9. Birthplace **St. Louis** (City, town, or county) (State or foreign country) **0**

10. Usual occupation **Druggist**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Max Lieberstein**

13. Birthplace **Suwalki Poland** (City, town, or county) (State or foreign country) **4**

14. Maiden name **Baile Greengard**

15. Birthplace **Suwalki Poland** (City, town, or county) (State or foreign country) **4**

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy **930**

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Margaret Lieberstein**

(b) Address **2908 Kentucky**

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? \_\_\_\_\_

17. (a) **burial** (b) Date thereof **6/23/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Vaithalla Cemetery**

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **R. S. Taylor** (Registrar's signature) Date signed **6/24/43**

18. (a) Signature of funeral director **Boyer Memorial**

(b) Address **4715 McPherson Ave.**

19. (a) **JUN 24 1943** (b) **R. S. Taylor** (Registrar's signature)

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

96  
13  
1

707

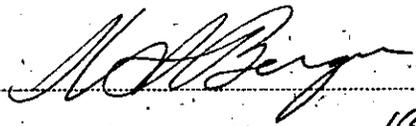
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**STATEMENT BY LICENSED EMBALMER**

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. 1597

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.**