

OCT 2 - 1943 318

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **8357**

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:
Alaxian Bros Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 51 days
(Specify whether years, months or days)
 In this community years

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME William Lichtfus

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

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

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

7. Birth date of deceased November 18 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Janitor

MOTHER FATHER

11. Industry or business _____
 12. Name -- Lichtfus
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Katherine Ditz
 (b) Address 3900 S. Main St.

17. (a) Burial (b) Date thereof 9/21/43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John D. Zuehlke
 (b) Address 702 Bravois Ave.

19. (a) SEP 21 1943 (b) J. Fredel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18th year 1943 hour 10 minute 25 A.M.

21. I hereby certify that I attended the deceased from July 29 1943, to Sept. 18 1943; that I last saw him alive on Sept. 18 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Carcinoma

Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) 46

Major findings: Of operations _____
 Of autopsy _____

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 J. Fredel (M. D. or other) M.D.
 Address 5859 Delmar Date signed 9/20/43

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

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..... *C. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address..... *7027 Graves*

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.