

FILED JAN 31 1944  
Registration District No. 377

Primary Registration District No. 6076

State File No. 2

Registrar's No. 205

1. PLACE OF DEATH: **St. Louis**  
(a) County **Manchester**  
(b) City or town **Manchester**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Pine Crest Nursing Home**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 yr. 5 Mo. 14**  
In this community **1 yr. 5 Mo. 14 days** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3765 Koscuiska**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Bertha Lilich**  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**  
6. (b) Name of husband or wife **Conrad Lilich** 6. (c) Age of husband or wife if alive **Dead** years  
7. Birth date of deceased **July 6, 1863**  
(Month) (Day) (Year)

8. AGE: Years **80** Months **6** Days **16** If less than one day hr. min.

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

10. Usual occupation **None**

11. Industry or business **None**

12. Name **Unknown**

13. Birthplace **Unknown** 9  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** 9  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mae Guenzler**

(b) Address **3765 Koscuiska--St. Louis, Mo**

17. (a) **Burial** (b) Date thereof **1-25-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Lawn Cem**

18. (a) Signature of funeral director **W. Bopp**

(b) Address **1200 N. 1st St. St. Louis, Mo**

19. (a) **JAN 26 1944** (b) **E. J. Mc Gowan, M.D.**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **22**  
year **1944** hour **7:35** minute **P.** M.

21. I hereby certify that I attended the deceased from **Sept. 8, 1942** to **Jan. 22, 1944**  
that I last saw her alive on **Jan. 21, 1944**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia**

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

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

Other conditions **Arterio Sclerosis**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **108**  
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? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature **R. W. Janssen** (M. D. number) \_\_\_\_\_

Address **Manchester Mo** Date signed **1/24/44**

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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.....

*Ken M. Spawson*

Licensed Embalmer No. 4343

P. O. Address. 7415 Zephyr Pl. 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.**