S. No. 2
UM—2-43
V. 5-17-39
·1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5406

FILED MAR 1 1944 318

Registration District No. Primary Registration District No. 1003 Registrar's No. 1786

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4948 Reber Pl. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CHARLES H. LILIE
3. (b) If veteran, name war None
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 Marie Flori Lilie
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Feb (Month) 24th (Day) 1882 (Year)

8. AGE: Years	Months	Days	If less than one day hr. min.
61	11	29	

9. Birthplace Wheeling (City, town, or county) West Virginia (State or foreign country)
10. Usual occupation Salesman
11. Industry or business
FATHER 12. Name Henry Lilie
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Von Kriaum
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Marie Flori Lilie
(b) Address 4948 Reber Pl.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2-25-40 (Month) (Day) (Year)
(c) Place: burial or cremation Mo. Crematory
18. (a) Signature of funeral director Kriegshauser Mortuary
(b) Address 4228 No. Kingshighway
19. (a) FEB 23 1944 (Date received local registrar) (b) J. F. Buecke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22 year 1944 hour 11 minute 40 A.M.
21. I hereby certify that I attended the deceased from Dec 26, 1943, to Feb 22, 1944 that I last saw him alive on Feb 22, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Empyema (Left) Abscess of both lungs — Duration 6 wks
Due to: Non tuberculosis Pneumonia Bronchial
Due to:
Other conditions (Include pregnancy within 3 months of death): Surgical operation for Pleurisy 2/22/44 110 Ca
Major findings: Of operations: as above
Of autopsy: none

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) no
(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? (e) Means of injury 0
23. Signature Chas. L. Hyndman (M. D. or other) MD
Address 3720 Washington Date signed 2/22/44

FEB 23 1944

(Licensed Embalmer's Statement on Reverse Side)

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. Edwin A. McDermott

Licensed Embalmer No. 3024

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.