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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

24261
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13051

FILED MAY 2 1944 18

Registration District No. 2

Primary Registration District No. 1003

Registrar's No. 3811

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:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo-1day (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis. 124
(If outside city or town limits, write "RURAL")

(d) Street No. 3151 California Av. 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Louis Liesring

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Adele

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased About 1864 (Month) (Day) (Year)

8. AGE: Years About 80 | Months Unknown | Days | If less than one day hr. min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation Cabinet Maker

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant A. L. Cassady
(b) Address 1777 Nickolson Pl.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4/25/44 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Wm C Mogdell
(b) Address 1926 Allen Av.

19. (a) APR 24 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 18th
year 1944 hour 2:15 minute P. M.

21. I hereby certify that I attended the deceased from March 17th, 1944, to April 18th, 1944
that I last saw him alive on April 18th, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic heart-disease	
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death) 9 3	
Major findings: Of operations	
Of autopsy	

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

23. Signature Frank Lieberg 0 (M. D. or other)
Address 1515 Lafayette 4/18/44

(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 me, Registered Apprentice No. , working under my personal supervision.

Signed David M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Allen Ave.

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.