

FILED JUN 4 1945

318

State File No. _____

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. 4508

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. John's Hospital - 1
(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 Mo (b) County 50
(c) City or town Murphy, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. R R #1 (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES ADEN LIBERTY

3. (b) If veteran, name war _____ 3. (c) Social Security No. 48-05-1773

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

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

7. Birth date of deceased July 21 1876
(Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Es. A. Liberty

13. Birthplace Ill
(City, town, or county) (State or foreign country)

14. Maiden name Mary Russell

15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Beulah Liberty

(b) Address R.R. #1 Murphy Mo.

17. (a) Burial (b) Date thereof 5 24 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Heron Cem

18. (a) Signature of funeral director J. H. Bopp Inc

(b) Address 2145 E. 12th St. St. Louis Mo.

19. (a) MAY 22 1945 (b) J. F. Bradock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1945 hour 4:50 minute A M.

21. I hereby certify that I attended the deceased from May 17 1945, to May 18 1945, that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis of sigmoid with rupture causing peritonitis general.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) H/O

Major findings: Of operations _____
Of autopsy X

22. If death was due to external causes, fill in the following: X
(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) (c) Means of injury _____

23. Signature Harold G. Giville (M. D. or other) _____
Address 609 Humboldt St. St. Louis Mo. Date signed 5-19-45

Duration

7 1/2
known

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER, FATHER

8097

JUL 18 1950
8097

JUL 2 1950

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..... *Felix Durand*

Licensed Embalmer No. *3034*

P. O. Address *Kirkwood 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.