V. S. No. 2
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ev. 5-17-39
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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

22216

State File No.

FILED AUG 11 1945

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 6832

1. PLACE OF DEATH:
(a) County
(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: PARK LANE HOSP. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 DAY (Specify whether years, months or days)
In this community 12 DAY

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 958 HARLAN AVE. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EDWIN J. LISS
3. (b) If veteran, name war NONE
3. (c) Social Security No. 495-18-9677
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CLED LISS
6. (c) Age of husband or wife if alive 21 years
7. Birth date of deceased Oct. (Month) 9 (Day) 1922 (Year)
8. AGE: Years 22 Months 9 Days If less than one day hr. min.
9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)
10. Usual occupation CAB DRIVER
11. Industry or business
12. FATHER Name ALFRED LISZWSKI LISS
13. FATHER Birthplace POLAND (City, town, or country) (State or foreign country)
14. MOTHER Maiden name AMELIA MURAWSKI
15. MOTHER Birthplace ST. LOUIS (City, town, or country) MO (State or foreign country)
16. (a) Informant Cleo Liss
(b) Address 958 HARLAN AVE.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Aug 4-1945 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.
18. (a) Signature of funeral director Friedrich F. Stamm
(b) Address 8319 Halls Ferry Rd.
19. (a) AUG 3 1945 (Date filed with local registrar) J. F. Bilcock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1 year 1945 hour 8 minute P. M.
21. I hereby certify that I attended the deceased from July 4, 1945, to Aug 6, 1945; that I last saw him alive on Aug 1, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Coronary Thrombosis sudden
Due to Cardiac Hypertrophy 19 yr
Acute Myocarditis
Due to
Other conditions (Include pregnancy within 3 months of death)
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 (M. D. or other)
Address 820 N. Broadway Date signed Aug 2/45

(Licensed Embalmer's Statement on Reverse Side)

FEB 9 1948

## 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 Arthur R. Siedrich

Licensed Embalmer No. 3556

P. O. Address St. Louis

**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.**