

FILED JAN 12 1946

Registration District No. _____

Primary Registration District No. 6676

Registrar's No. 17

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
312 W. Arlee
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 9/6
(c) City or town Lemay 5
(If outside city or town limits, write "RURAL")
(d) Street No. 312 W. Arlee 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Leon L. Lichterman, Sr.

3. (b) If veteran, name war World War 1 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 Emma 6. (c) Age of husband or wife if alive 42-47 years
7. Birth date of deceased April 27 1894
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 30
year 1946 hour 4 minute A. M.
21. I hereby certify that I attended the deceased from 1 visit at death 12/20 1945
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>8</u>	<u>3</u>	hr. _____ min.

Immediate cause of death Coronary occlusion
Chronic Myocarditis 1 1/2 yrs.
Due to _____
Due to _____
Other conditions Chronic Bronchitis 2 yrs.
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Labor pusher
11. Industry or business _____
12. Name Henry Lichterman
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

14. Maiden name not known
15. Birthplace Germany
(City, town, or county) (State or foreign country)
16. Informant Emma Lichterman
(a) Address 312 W. Arlee
17. (a) Burial (b) Date thereof 1-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation N. St. Marcus
18. (a) Signature of funeral director John J. Ziegenhauer
(b) Address 7027 Gravois Ave.
19. (a) 1-4-46 (b) EGM
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature J. W. Forby (M. D. or other) 0 MO
Address 2602 S. Galat. Date signed 1-2-46

MOTHER, FATHER

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

JAN 14 1946

JAN 16 1946

JAN 21 1946

FEB 16 1946

FEB 16 1946

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

Sheldon Collier

Licensed Embalmer No.

3387

P. O. Address

7027 Gravois

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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri ss.
County of St. Louis

State File No. 42453
Local Registrar's No. 14

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 9th day of February, 1946, before me appears Emma Lichterman, who, upon her oath, states that the original record of birth for Leon L. Lichterman, Sr. died Dec 30, 1945 in the State of Missouri, and which was filed at Jefferson City on 1-12, 1946 should be corrected as follows:

- Item No. 6 c should read 42 yrs
Instead of 47 11
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Emma Lichterman Wife
Relationship
317 H. Arlee St. Lemay Mo.
Present Address.

Subscribed and sworn to before me this 9th day of February, 1946.

My Commission expires Feb. 20, 1948 Ewa M. McEwan Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

FEB 24 1946 46
LIBRARY

