

S. No. 2
M-5-43
5-17-39
X38671

FILED MAY 9 1946
Registration District No. 318

Primary Registration District No. 1003

State File No. _____
Registrar's No. 35883

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:
Missouri Baptist Hospital
(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 Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4530 Washington Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ida M. Liebler
3. (b) If veteran, name war Nil
3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 20
year 1946 hour 9:30 minute P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Simon Liebler
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 13 1900
(Month) (Day) (Year)

Immediate cause of death _____
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
46 3 7 _____ hr. _____ min.

9. Birthplace Collinsville Illinois /
(City, town, or county) (State or foreign country)
10. Usual occupation Clerk

11. Industry or business _____
12. Name Joseph Bouse
13. Birthplace Unknown Hungary 4
(City, town, or county) (State or foreign country)
14. Maiden name Josephine Sliva
15. Birthplace Collinsville Illinois /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Coalson
(b) Address 4530 Washington Blvd.
17. (a) Removal (b) Date thereof 4-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Edwardsville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) APR 22 1946 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Frank E. Taylor (or other) _____
Address Dep. Coroner Date signed 4/27/46

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

DEC 17 1985

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..... *J. Allen Davis Jr.*
Licensed Embalmer No. *4053*
P. O. Address *M. Lewis, 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.