

FILED JUN 30 1946

Primary Registration District No. 1003

Registrar's No.

I X35897

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

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: Jewish Hospital  
(If not in hospital of institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days  
(Specify whether years, months or days)

In this community 60 yrs

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. 5939 Maple Ave.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MORRIS LIEBERT

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th  
year 1946 hour 10<sup>00</sup> minute \_\_\_\_\_ P. M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Dora Liebert

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

7. Birth date of deceased October 15 1871  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1944  
1944 to June 7 1946  
that I last saw him alive on June 7 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 5 Days 22  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Myocardial failure

Due to chronic atherosclerosis  
generalized

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation Tailor

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name Joseph Liebert

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

14. Maiden name Fannie (unk)

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

16. (a) Informant Mrs. Ralph Kirchner

(b) Address 5939 Maple Ave.

17. (a) burial (b) Date thereof 6/9/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beth Ham Hag

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? \_\_\_\_\_

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) JUN 9 1946 J. F. Brennan  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury !

23. Signature J. F. Brennan (M. D. or other) \_\_\_\_\_  
Address 674 No Grand Date signed 6/8/46

208228

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**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 *Julius A. Judwig*  
Licensed Embalmer No. 4229  
P. O. Address.....

**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.**