

FILED MAR 15 1948 318
Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
LUTHERAN 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

3: (a) PRINT FULL NAME GEORGE EDWARD LISS
3. (b) If veteran _____ 3. (c) Social Security No. _____
name war _____

4. Sex M. 5. Color or race W.
6. (a) Single WIDOWED, married, divorced M.
6. (b) Name of husband or wife SOPIE LISS 6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased NOVEMBER 9 - 1910
(Month) (Day) (Year)

8. AGE: Years 37 Months 4 Days 0
If less than one day _____ hr. _____ min.

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business BUSCH BREWERY

12. Name JOHN LISS
13. Birthplace MO.
14. Maiden name JOSEPHINE GRZESKOWIAK
15. Birthplace POLAND
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Sophie Liss
(b) Address 305 Smith Kirkwood Mo

17. (a) BURIAL (b) Date thereof MARCH 12-48
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schur
(b) Address 3125 Lafayette St. W.

19. (a) MAR 9 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St Louis
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 305 SMITH Kirkwood Mo
(If rural, give location)
(e) N.B. Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1948 hour 5 minute 55 A.M.

21. I hereby certify that I attended the deceased from March 8 1948 to March 9 1948;
that I last saw him alive on March 9 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Right Pulmonary abscess with Empyema from Pneumonia-Tuberc
Due to Pneumonia-Tuberc
Duration 1 week

Due to _____
Other conditions 10/9
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy Same as above
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 Morris Herman (M. D. or other) M.D.
Address 3701 Grand Square Date signed 3/9/48

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.....

Licensed Embalmer No.....

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.