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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

38381

State File No.

FILED DEC 2 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9967

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

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St Lou s City Hospital 0
(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 Mo (b) County St Louis 17

(c) City or town 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1206 South 6th str. 0
(If rural, give location)

22

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

If yes, name country

3. (a) PRINT FULL NAME Fred Liebman (Lippman)

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Ida Liebman (Lippman)

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

7. Birth date of deceased July (Month) 4 (Day) 1877 (Year)

8. AGE: Years 61 Months 4 Days 11 If less than one day hr. min.

9. Birthplace St Louis Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Fred Liebman
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Mary Donnelly
15. Birthplace Cinc Ohio (City, town, or county) 1 (State or foreign country)

16. (a) Informant Ida Lippman
(b) Address 1206 S, 6th Str.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/48 (Month) (Day) (Year)
(c) Place: burial or cremation St Matthews

18. (a) Signature of funeral director Central Und Co
(b) Address 1841 Cass ave

19. (a) NOV 17 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16
year 1948 hour 7 minute 45 A 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.

Immediate cause of death Pulmonary Tuberculosis Bilateral, Fracture of left hip when he fell on sidewalk at 1201 So 6th St about 930 Am Oct 11 1948

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) Accident

(b) Date of occurrence Oct 11 1948

(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?
Public Place
(Specify type of place)

While at work? (e) Means of injury Fall Auto

23. Signature Thomas L Callahan Cor (M. D. or other)

Address 1300 Clark Date signed 11-17-48.

(Licensed Embalmer's Statement on Reverse Side)

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.