

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11995

State File No. _____

FILED MAY 13 1949

BIRTH NO. _____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 4185 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Clair</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Clair</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Clair, Missouri</u>		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fritz</u> b. (Middle) _____ c. (Last) <u>Lienhard</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 14 1949</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 10, 1875</u>
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Switzerland</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Rudolph Lienhard</u>		13b. MOTHER'S MAIDEN NAME (unknown) <u>Annie Kankack</u>	14. NAME OF HUSBAND OR WIFE (nee Kreienkamp) <u>Matilda Lienhard</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Matilda Lienhard St. Clair, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility & Inanition</u> INTERVAL BETWEEN ONSET AND DEATH <u>Months</u> ANTECEDENT CAUSES DUE TO (b) <u>Senility & Inanition</u> <u>months</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>794X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>March 11th, 1949</u> , to <u>March 15, 1949</u> , that I last saw the deceased alive on <u>March 14, 1949</u> , and that death occurred at <u>3:30 PM</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>C. F. Briegleb, M.D.</u>		23b. ADDRESS <u>St. Clair, Mo.</u>	
23c. DATE SIGNED <u>Mar 16/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 17, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>		24d. LOCATION (City, town, or county) (State) <u>Grubville MO.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ed. Worthington 96</u> <u>Casey Russell</u>			
DATE REC'D BY LOCAL REG. <u>3-17-1949</u>			

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAY 12 1949

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 _____

working under my personal supervision. Student Embalmer No. _____

Student _____
Student Embalmer

Signed David Russell

Licensed Embalmer No. 4520

P. O. Address St Clair

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.