

FILED MAR 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6449**  
Registrar's No. **1628**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4147<sup>A</sup> BOTANICAL AVE</b>		<b>17 4147<sup>A</sup> BOTANICAL AVE</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>OSCAR</b>	b. (Middle) <b>JOSEPH</b>	c. (Last) <b>LIBERTY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 17, 1950</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>DEC. 18, 1885</b>	9. AGE (In years last birthday) <b>64</b> If under 1 year: Months <b>1</b> Days <b>29</b> If under a week: Hours <b>1</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALESMAN</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>TUCKER MOTOR Co.</b>	11. BIRTHPLACE (State or foreign country) <b>BOSTON, MASS.</b>	12. CITIZEN OF WHAT COUNTRY? <b>1</b>
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13a. FATHER'S NAME <b>UNKNOWN</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>JULIA LIBERTY</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>492-10-3976</b>	17. INFORMANT'S SIGNATURE OR NAME <b>JULIA LIBERTY</b>	ADDRESS <b>4147<sup>A</sup> BOTANICAL AVE</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5 days Several -years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Myocarditis</b> DUE TO (c) <b>Branchial Asthema</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Branchial Asthema</b>		2. <b>2</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) <b>ST. LOUIS, MO.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept 4** to **Feb 17, 1950**, that I last saw the deceased alive on **Feb 17, 1950**, and that death occurred at **11:20** a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. R. Chulich M.D.</b>	23b. ADDRESS <b>3606 Gravois</b>	23c. DATE SIGNED <b>2/18/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>FEB. 20, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MO.</b>
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DATE REC'D BY LOCAL REG. <b>FEB 14 1950</b>	REGISTRAR'S SIGNATURE <b>J. B. Leister</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. J. Robert L. &amp; U. Co.</b>	ADDRESS <b>1905 So. GRAND AVE</b>
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(Licensed Embalmer's Seal/Stamp on Reverse Side)

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ronald O. Yabake

Licensed Embalmer No. 3917

P. O. Address St. Louis

**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.