

No. 300  
10/48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25642**

FILED JUL 16 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3069** Registrar's No. **2467**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		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>Richmond Heights</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>5598 Waterman Ave.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>H.</b> c. (Last) <b>Lieber</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 20, 1951</b>		
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5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M.</b>	8. DATE OF BIRTH <b>Aug. 20, 1875</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>0</b>	IF UNDER 2 HRS. Hours <b>0</b> Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired, Clerk, Office</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Boonville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
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13a. FATHER'S NAME <b>Joseph Lieber</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Fessler</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Callie Lieber</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) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Callie Lieber, 5598 Waterman 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio Sclerosis Heart disease</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Prostatic Hypertrophy</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>MIOX</b>			

19a. DATE OF OPERATION <b>6/18/51</b>		19b. MAJOR FINDINGS OF OPERATION <b>Prostatic Hypertrophy Nematocis</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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27a. 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) _____	
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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 **Mon 6**, 19**48**, to **June 20**, 19**51**, that I last saw the deceased alive on **July 19**, 19**51**, and that death occurred at **2:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>H. N. Hamelovsky M.D.</b>		23b. ADDRESS <b>986 Unicode Bldg</b>		23c. DATE SIGNED <b>6-20-51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 22, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>6-21-51</b>		REGISTRAR'S SIGNATURE <b>Robert R. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Arthur J. Donnelly, 3840 Lindell Blvd.</b>	
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(Licensed Embalmer's Statement 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 \_\_\_\_\_

*W.H. Van Matre*

Licensed Embalmer No. *2825*

P. O. Address. *4340 Lafayette*

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.