

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7089

State File No.

FILED MAR 5 1952

BIRTH NO. _____ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 4531 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Warrenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural- Charrette Twp/ 1090</u>	
c. LENGTH OF STAY (in this place) <u>6 months</u>		d. STREET ADDRESS (If rural, give location) <u>RFD #1-So. on Hiway 47</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Katie Jane Memorial Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Frederick</u>	b. (Middle) <u>August</u>	c. (Last) <u>Lichtenberg</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 22, 1952</u>
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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>Feb. 2, 1881</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
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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>Gen'l. Farming</u>	11. BIRTHPLACE (State or foreign country) <u>near Holstein, Warren Co.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Simon Lichtenberg</u>	13b. MOTHER'S MAIDEN NAME <u>Lisette Lieneke</u>	14. NAME OF HUSBAND OR WIFE <u>Lydia Sievert Lichtenberg</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Aug. Lichtenberg, Warrenton, Mo.</u>	ADDRESS _____
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia bilateral Hypostatic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u>		
	DUE TO (c) <u>Generalized arteriosclerosis with arteriosclerotic Heart Injure</u>		<u>11 mos.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerotic Heart Injure</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>11/20</u>	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) <u>3-30 PM 1-22-52</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10-14, 1947, to 1-22, 1952, that I last saw the deceased alive on 1-22, 1952, and that death occurred at 11:25 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) <u>Floyd Logan M.D.</u>	23b. ADDRESS <u>Warrenton Mo</u>	23c. DATE SIGNED <u>1-24-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/25/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lippstadt Church Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Warrenton, Mo.</u>
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DATE REC'D BY LOCAL REG <u>1-25-52</u>	REGISTRAR'S SIGNATURE <u>Floyd Logan</u>	421-1	25. FUNERAL DIRECTOR'S SIGNATURE <u>F. W. Nieburg & Co.</u>	ADDRESS <u>Warrenton, Mo.</u>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

1090

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *John E. Herlinger*

Licensed Embalmer No. *4409*

P. O. Address *Warrenton, Mo*

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.