

FILED MAR 29 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10258

State File No. ....

2339

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <b>Missouri</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>4 MO</b>		d. STREET ADDRESS (If rural, give location) <b>5351 Delmar</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Masonic Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ida</b> b. (Middle) <b>Theresa</b> c. (Last) <b>Liebig</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3 11 1952</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan-27-1872</b>		9. AGE (In years last birthday) <b>80</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Charles Ehlick</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Berlenbach</b>		14. NAME OF HUSBAND OR WIFE <b>Val L. Liebig, deceased</b>	
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. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Masonic Home of Missouri, 5351 Delmar</b> <i>Genie C. Robertson, Dist</i>	

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) <b>Cerebral Hemorrhage</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 dys.</b>
		DUPLICATE TO (b) <b>Chronic Myocarditis</b>			
		DUPLICATE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

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? <b>4522</b>	

22. I hereby certify that I attended the deceased from **11-16**, 19**51**, to **3-11-**, 19**52**, that I last saw the deceased alive on **3-11-**, 19**52**, and that death occurred at **8:35A** m., from the causes and on the date stated above.

23a. SIGNATURE OF SOLOMON CAMERON (Degree or title) <i>[Signature]</i>		23b. ADDRESS <b>508 N. Grand Ave.</b>		23c. DATE SIGNED <b>3-11-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/11/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bethany Cemetary</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ambruster Mortuary 6633 Clayton Rpad</b>			

DATE REC'D BY LOCAL REG. **MAR 12 1952** REGISTRAR'S SIGNATURE *[Signature]* (Licensed Embalmer's Statement on Reverse Side)

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

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and 1

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 *Ernest W. Spillers*

Licensed Embalmer No. *14080*

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.