

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33832

State File No. _____

FILED SEP 25 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2319

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Normandy</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> <u>2069</u>	
c. LENGTH OF STAY (In this place) <u>1 Day</u>		d. STREET ADDRESS (If rural, give location) <u>4858 St. Louis Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Normandy Osteopath Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Lieele</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9</u> <u>4</u> <u>52</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>w.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>11-28-1872</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	9. AGE (In years last birthday) <u>79</u>
		11. BIRTHPLACE (State or foreign country) <u>Phelps Co, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>Am U.S.</u>

13a. FATHER'S NAME <u>Deceased</u>	13b. MOTHER'S MAIDEN NAME <u>Deceased</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas Lieele</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John F. Fisher</u>
		ADDRESS <u>5810</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medical Certification</u> <u>ventricular failure</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>		
	DUE TO (c) <u>Cirrhosis of liver</u>		
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)	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 Aug 23, 1952, to Sept 4, 1952, that I last saw the deceased alive on Sept 3, 1952, and that death occurred at 3:45 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
W. Fisher M.D.

23b. ADDRESS
9004 No. Bideley

23c. DATE SIGNED
9/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24b. DATE
Sept. 6, 1952

24c. NAME OF CEMETERY OR CREMATORY
Hamtown Cemetery

24d. LOCATION (City, town, or county) (State)
Poplar Bluff, Mo.

DATE REC'D BY LOCAL REG.
9-5-52

REGISTRAR'S SIGNATURE
Herbert R. Donke, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE
Arthur J. Donnelly

ADDRESS
3840 Kundell

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~~ me

working under my personal supervision.

Student Embalmer No.

Signed

Wm. S. Sargent

Signed.....

Student Embalmer

Licensed Embalmer No. 4699

P. O. Address St. Charles, 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.