

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

4010

State File No. _____

REC'D FEB 10 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 376

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIVERSITY CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIVERSITY CITY	
c. LENGTH OF STAY (In this place) 3 1/2 years		4366	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8139 APPLETON DRIVE		d. STREET ADDRESS (If rural, give location) 8139 APPLETON DRIVE	

3. NAME OF DECEASED (Type or Print)	a. (First) MAUDEL	b. (Middle) LOUISE	c. (Last) LIFLANDER.	4. DATE OF DEATH (Month) (Day) (Year) JAN. 30, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH AUG. 2, 1912	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beauty Operator	10b. KIND OF BUSINESS OR INDUSTRY Beauty Operator	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Chandler.	13b. MOTHER'S MAIDEN NAME Hilda Burian.	14. NAME OF HUSBAND OR WIFE Michael Liflander.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 488-05-5762	17. INFORMANT'S SIGNATURE OR NAME Michael Liflander;	ADDRESS 8139 Appleton Drive.
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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 1 yr. 1 yr. 1 yr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina Pectoris		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary atherosclerosis DUE TO (c) Hypertension		
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"/>
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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)
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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 10/21, 1952 to 1/30, 1953, that I last saw the deceased alive on 11/30, 1953, and that death occurred at 1 P.M., from the causes and on the date stated above.

23a. SIGNATURE Wm. S. Franklin M.D.	23b. ADDRESS 634 W. Grand	23c. DATE SIGNED 1/30/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 1, 1953	24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai (New)	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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DATE REC'D BY LOCAL REG. 1-31-53	REGISTRAR'S SIGNATURE Hester R. Daniels - M.P.	25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons;	ADDRESS 7233 Delmar Blvd.,
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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 *Clarence H. Murray*

Licensed Embalmer No. *4011*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.