

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44697

State File No. ....

FILED DEC 29 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 3193

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 <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Webster Groves</u>	c. LENGTH OF STAY (in this place) <u>4 YEARS</u>	c. CITY OR TOWN <u>Webster Groves</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>141 Tulip Drive</u>		e. STREET ADDRESS (If rural, give location) <u>141 Tulip Drive</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lena</u>	b. (Middle)	c. (Last) <u>Lieser</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 13, 1953</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 7, 1872</u>
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Unknown Stoehlen</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Niemann</u>	14. NAME OF HUSBAND OR WIFE <u>Charles Lieser (dec'd)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Irma Sydow, 141 Tulip Drive, Webster Groves</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>15 minutes</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dietary Imbalance</u>		years <u>5 years</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	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?

22. I hereby certify that I attended the deceased from Oct. 23, 1953, to Dec. 13, 1953, that I last saw the deceased alive on Nov. 21, 1953, and that death occurred at 8:15 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clarence S. Sullivan M.D.</u>	23b. ADDRESS <u>4161 Lindell</u>	23c. DATE SIGNED <u>Dec. 14, 53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 15, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis, County, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>12/15/53</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Spjerk</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Holmeister Colonial Mortuary, 6464 Chippewa St. St. Louis 9, Mo.</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

Dr. Clement Sullivan,  
Lindell Medical Bldg.  
Not till 3;00

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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.....  
Signature of Student Embalmer

Signed *Harry J. Schumacher*.....  
Licensed Embalmer No. *2679*.....

P. O. Address *7814 S. Bruce*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.