

No. 300
10-48

FILED OCT 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32435

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>2346</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>3 YEARS</u>		c. CITY OR TOWN <u>Clayton</u>		d. 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>6401 Wydown</u>				e. STREET ADDRESS (If rural, give location) <u>6401 Wydown</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>AUGUST</u>		b. (Middle) <u>EDWIN</u>		c. (Last) <u>LIEPOLD</u>	
4. DATE OF DEATH		(Month) <u>Oct.</u>		(Day) <u>6,</u>		(Year) <u>1954</u>	
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>June 12, 1892</u>	
9. AGE (In years last birthday) <u>62</u>		10. UNDER 1 YEAR OF AGE (Specify) <u>2 1/2</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Selma, Alabama</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Mfg.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Furniture</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Selma, Alabama</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>August Liepold</u>			13b. MOTHER'S MAIDEN NAME <u>Fannie Sommers</u>			14. NAME OF HUSBAND OR WIFE <u>Frances S. Liepold</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>405</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. A. E. Liepold-6401 Wydown</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		-MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of liver</u>		DUE TO (b) <u>Carcinoma sigmoid</u>				<u>4 yrs</u>	
ANTECEDENT CAUSES (This does not mean the mode of dying, such as emphysema, asthenia, etc. It means the disease, injury, or complication which caused death.)		DUE TO (c) <u>Heart m. vas</u>				<u>18 hours</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) m.		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 <u>Feb</u> , 19 <u>41</u> , to <u>Oct-6</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Oct. 6</u> , 19 <u>54</u> , and that death occurred at <u>11 a.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Lorelyn Cole, M.D.</u> (Degree or title)				23b. ADDRESS <u>4500 Olive</u>		23c. DATE SIGNED <u>10/6/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/8/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Sinai Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10/6/54</u>		REGISTRAR'S SIGNATURE <u>Herman R. Rindskopf</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Herman Rindskopf, Inc., 5216 Delmar B</u>			

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

Cause of death

(Licensed Embalmer's Statement on Reverse Side)

DEC - 7 1954

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: *Peter D. DeBeauville*

Licensed Embalmer No. *369*

P. O. Address *St. Louis*

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.