

FILED JUN 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22459

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>319</u>		PRIMARY REG. DIST. NO. <u>4469</u>		Registrar's No. <u>36</u>		
1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STE. GENEVIEVE</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>STE. GENEVIEVE</u>		d. In 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>5 BOYER PL.</u>				e. STREET ADDRESS (If rural, give location) <u>5 BOYER PL 09570</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>DOMINIK</u> b. (Middle) _____ c. (Last) <u>LICHTFUSS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 13 1956</u>					
5. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>DEC 4 1881 74</u>		
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED TAILOR</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>AUSTRIA-HUNGARY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>FRANK LICHTFUSS</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>BARBARA GILYON</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>Dominik Lichtfuss Ste. Genevieve Mo</u> ADDRESS <u>RR#1</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Arterio-Sclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>2945</u>	
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 <u>1954</u> to <u>June 13, 1956</u> , that I last saw the deceased alive on <u>June 13, 1956</u> , and that death occurred at <u>5:15 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Arthur E. Bisher</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Ste. Genevieve Mo</u>		23c. DATE SIGNED <u>6-14-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Normal</u>		24b. DATE <u>JUNE 16 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VALLE SPRING</u>		24d. LOCATION (City, town, or county) (State) <u>STE. GENEVIEVE MO</u>		
DATE REC'D BY LOCAL REG. <u>June 15, 1956</u>		REGISTRAR'S SIGNATURE <u>Luella Barber</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Reac. Bisher Ste. Genevieve Mo</u> ADDRESS _____				

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

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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 *Adrian J. Ehee*.....

Licensed Embalmer No. *4746*

P. O. Address *St. J. ...*

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.