FILED NOV 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 39584 10138

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS MO — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4716 GOETHE — Length of stay in Hospital: 20 29

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY
c. CITY OR TOWN: ST. LOUIS — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 4716 GOETHE — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First HARRY Middle B. Last LICHTENBERGER
4. DATE OF DEATH: Month Nov. Day 6 Year 1956
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: DEC. 30 1881
9. AGE (In years last birthday): 74 — 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): TELETYPE OPERATOR
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): OAKLEY ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U-S-A
13. FATHER'S NAME: WILLIAM LICHTENBERGER
14. MOTHER'S MAIDEN NAME: EMMA M. RHODES
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: MARY LICHTENBERGER Address: 4716 GOETHE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: acute
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 5 yrs
DUE TO (c): Hypertension — 4
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 420.1
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8-10-56 to Nov 6/56 and last saw her/him alive on March 1956
Death occurred at 8:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Edw. W. Hamtil M.D. — Edward W. Hamtil M.D.
22b. ADDRESS: 1504 S. Grand — 1504 So. Grand
22c. DATE SIGNED: 11/6/56

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: Nov. 9 1956
23c. NAME OF CEMETERY OR CREMATORY: GREEN MOUND
23d. LOCATION (City, town, or county) (State): BELLEVILLE ILLINOIS
24. FUNERAL DIRECTOR: Thomas Kutz ADDRESS: 2906 Gravois
25. DATE RECD. BY LOCAL REG.: NOV 7 1956
26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed ..... Licensed Embalmer No. 4

P. O. Address 2906

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.