

FILED OCT 21 1957

STANDARD CERTIFICATE OF DEATH

38745

STATE FILE NUMBER

Registration District No. 319

Primary Registration District No. 500

Registrar's No. 2502

1. PLACE OF DEATH a. COUNTY <u>SAINT 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, give TOWNSHIP only) OR TOWN <u>NORMANDY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>NORMANDY</u> <u>4160</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7119 Lexington Ave.</u>		Length of stay in lb <u>31 yrs</u>		d. STREET (If outside, give location) ADDRESS <u>7119 Lexington Ave.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>SIMON</u> Middle <u>F.</u> Last <u>LIESE</u>				4. DATE OF DEATH Month <u>OCT.</u> Day <u>7</u> Year <u>1957</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>SEPTEMBER 19, 1882</u>	
9. AGE (In years last birthday) <u>75 yrs</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired-Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bond Clothing Co.</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>	
10c. IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		10d. IF UNDER 24 HRS. Months _____ Days _____ Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME <u>Simon Liese</u>				14. MOTHER'S MAIDEN NAME <u>Lena Steinbeck</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>488-10-7211A</u>		17. INFORMANT <u>Mrs. Freda Liese, 7119 Lexington Ave. 20</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>4201</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Myocardial Infarct.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>					
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>none</u>		20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ <u>none</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg, etc.) <u>none</u>		20f. CITY, TOWN, OR LOCATION <u>St. Louis</u>		20g. COUNTY <u>St. Louis</u>	
20h. STATE <u>Missouri</u>		21. I attended the deceased from <u>Mar 21, 54</u> to <u>Oct 7, 57</u> and last saw ^{him} alive on <u>Oct. 1, 57</u> Death occurred at <u>4:30 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>M E Stachle M.D.</u> (Degree or title)		22b. ADDRESS <u>7124 Natural Bridge</u>		22c. DATE SIGNED <u>Oct 8, 57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Oct. 10, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis County Missouri</u>	
24. FUNERAL DIRECTOR <u>CALVIN F. FEUTZ, 4828 Nat'l. Bridge Blvd.</u>		25. DATE RECD. BY LOCAL REG. <u>10-10-57</u>		26. REGISTRAR'S SIGNATURE <u>Hubert P. Demko M.D.</u>			

File in County

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 *Ralph C. Zindler*

Licensed Embalmer No. *427*

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.