URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-004401
STATE FILE NUMBER

FILED VS FEB 15 1960

Registration District No. 317 Primary Registration District No. 543 Registrar's No. 332

1. PLACE OF DEATH
a. COUNTY: St. Louis.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jennings, Mo.
Length of stay in 1b: 2 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2030 Bell
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Jennings
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2030 Bell
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)
First: Ann Middle: C. Last: LILIENSIEK
ANNA

4. DATE OF DEATH: Month: January Day: 30, Year: 1960.

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 8-20-1894
9. AGE (last birthday): 65
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self Employed
10b. KIND OF BUSINESS OR INDUSTRY: Grocery Store. Prop.
11. BIRTHPLACE (City and state or country): Jennings, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.,

13a. FATHER'S NAME: Conrad Lindhorst
13b. MOTHER'S MAIDEN NAME: Caroline Flottmann
14. NAME OF HUSBAND OR WIFE: Deceased,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 496-36-1096
17. INFORMANT: Address: Mrs Wilbert Schaeffer, 9158 Edna Ave, (37)

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): Carcinoma of liver — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Metastases of Adenocarcinoma of Rectum — 6 mos?
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or 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 1 Dec 1959, to 30 Jan 1960 and last saw her/him alive on 30 Jan 1960
Death occurred at 8:00 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Leonard J. Kopp. (Degree or title)
22b. ADDRESS: 6917 W. Florissant
22c. DATE SIGNED: 2/1/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-3-1960
23c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, County, Mo.

24. FUNERAL DIRECTOR ADDRESS: Math. Hermann & Son Inc. 2161 E. Fair Ave.
25. DATE RECD. BY LOCAL REG.: 2-2-60
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

AMENDED

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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