URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUN 27 1960

-60-024708
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6096

NDED

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

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 X No ☐
d. STREET ADDRESS (If outside, give location) 2842 Shenandoah
Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: Albert Middle: Last: Liebel
4. DATE OF DEATH Month June Day 3, Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced X
8. DATE OF BIRTH 7/10/1877
9. AGE (last birthday) 82
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) Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Missouri.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Michael Liebel
13b. MOTHER'S MAIDEN NAME Margaret (Unknown)
14. NAME OF HUSBAND OR WIFE Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) Nil.
16. SOCIAL SECURITY NO.
17. INFORMANT City Hospital Records, Address 1515 Lafayette, Av

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) Fracture of Left Hip
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c) 904.0 21
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH
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 X
20a. ACCIDENT X SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Suffered in fall; exact date
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year unknown in Home.
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.) 23 Home
20f. CITY, TOWN, OR LOCATION St Louis COUNTY STATE Mo.
21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at 545 Am on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE Patrick Clayton Carame (Degree or title)
22b. ADDRESS 1300 Clark
22c. DATE SIGNED 6.14.6.
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-14-60
23c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery
23d. LOCATION (City, town, or county) St. Louis, Mo. (State)
24. FUNERAL DIRECTOR Albert H. Hoppe Inc., ADDRESS 4700 Washington, Blvd.
25. DATE RECD. BY LOCAL REG. JUN 14 1960
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Melvin L. Kempe

Licensed Embalmer No. 405-2

P. O. Address 4911 Ave
St. Louis

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