

AMENDED FILED JUN 2 1961 Registration District No. 2 318 Primary Registration District No. 1003 Registrar's No. 4791 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS</i>		Length of stay in 1b		c. CITY OR TOWN <i>ST. LOUIS</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>LITTLE FLOWER NURSING HOME</i>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>2500 S. 18th ST.</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <i>WILLIAM A. LIEBER</i>				4. DATE OF DEATH Month Day Year <i>MAY 19 1961</i>					
5. SEX <i>MALE</i>		6. COLOR OR RACE <i>WHITE</i>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>SEPT. 21 1877</i>		9. AGE (last birthday) <i>83</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>RETIRED PLUMBER</i>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>MISSOURI</i>		12. CITIZEN OF WHAT COUNTRY <i>U-S-A</i>	
13a. FATHER'S NAME <i>JOSEPH LIEBER</i>			13b. MOTHER'S MAIDEN NAME <i>MARGARET FESSLER</i>			14. NAME OF HUSBAND OR WIFE <i>THERESA LIEBER</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>YES SPANISH AMER.</i>				16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT Address <i>ANDREW LIEBER 1242 WALLS AVE</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:									
IMMEDIATE CAUSE (a)				<i>Chronic Myocarditis</i>				INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs</i>	
DUE TO (b)				<i>Generalized atherosclerosis</i>				<i>15 yrs</i>	
DUE TO (c)				<i>4221</i>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Senile Dementias</i>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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"/> <i>None</i>		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. <i>None</i>		Month, Day, Year							
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.) <i>None</i>		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <i>Sept 5 1958</i> to <i>May 15 1961</i> and last saw him alive on <i>May 15 1961</i> Death occurred at <i>7 P.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Name or title) <i>Supper Plumber</i>				22b. ADDRESS <i>3433 Grand</i>				22c. DATE SIGNED <i>May 20/61</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>		23b. DATE <i>MAY 22 1961</i>		23c. NAME OF CEMETERY OR CREMATORY <i>NATIONAL CEMETERY</i>		23d. LOCATION (City, town, or county) <i>JEFFERSON BARRACKS MO</i>		(State)	
24. FUNERAL DIRECTOR <i>Thomas Kutis 2906 Groovin</i>				25. DATE RECD. BY LOCAL REG. <i>MAY 22 1961</i>		26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>			

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *James E. White*

Licensed Embalmer No. 4347
P. O. Address 2906 Shaw

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.