

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH: **St. Louis**
(a) County
(b) City or town **Luxemburg**
(c) Name of hospital or institution: **Torrance Nursing Home**
(d) Length of stay: **1 week 4**
In this community **60 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis**
(d) Street No. **2715 Hadley St.**
(e) Citizen of foreign country? **1**

3. (a) PRINT FULL NAME **Mrs. Lizzie Fiala**
(b) If veteran, name war **none**
(c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **16th.**
year **1944** hour **1:55 PM.** minute _____ M.

4. Sex **female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
(b) Name of husband or wife **Joseph J. Fiala**
(c) Age of husband or wife if alive **78** years
7. Birth date of deceased: **April 1st, 1872**

21. I hereby certify that I attended the deceased from **Oct 13**, 19**44**, to **Oct 16**, 19**44**
that I last saw her alive on **Oct 16**, 19**44**
and that death occurred on the date and hour stated above.
Immediate cause of death **Cerebral apoplexy** Duration **4 days**

8. AGE: Years **72** Months **6** Days **15**
If less than one day _____ hr. _____ min.

Due to **chr. Hypertensive disease 1 year**
Due to _____

9. Birthplace: **Germany**
(City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: **gms**

11. Industry or business _____
12. Name **Klicker**
13. Birthplace **Germany**
14. Maiden name **Unknown**
15. Birthplace **Germany**

Of operations _____
Of autopsy _____
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant **Mr. Joseph J. Fiala**
(b) Address **2715 Hadley St.**
17. (a) **Burial** (b) Date thereof **10-19-44**
(c) Place: burial or cremation **New Pickers Cemetery Hy. Leidner U. Co.**
18. (a) Signature of funeral director **2223 St. Louis Ave.**
(b) **OCT 19 1944**
19. (a) **OCT 19 1944** (b) **E. J. McManis**

While at work? _____ (Specify type of place)
(e) Means of injury **0 hr**
23. Signature **Owen J. McManis** (M. D. or other) **Oct 17 1944**
Address **7606 W. 11th** Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
7606 W. 11th St. St. Louis, Mo.

NOV 28 1944

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

John P. Buckholz

Licensed Embalmer No.

1674

P. O. Address

2223 S. Low Ave.

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 this body is not embalmed, fact should be so stated above.