

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 16 1945

318

1003

Registrar's No. 971

Registration District No. .... Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
4122 Potomac,  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether

In this community..... Life,  
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County.....

(c) City or town..... St. Louis,  
(If outside city or town limits, write "RURAL")

(d) Street No..... 4122 Potomac,  
(If rural, give location)

(e) Citizen of foreign country? NO D (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Elizabeth M. Schmidt,

3. (b) If veteran, name war No 3. (c) Social Security No. None.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29  
year 1945 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from.....  
....., 19..... to....., 19.....  
that I last saw h..... alive on....., 19.....  
and that death occurred on the date and hour stated above.

4. Sex Female, 5. Color or race White 6. (a) Single, married, divorced, widowed

6. (b) Name of husband or wife..... Otto 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased September 22, 1897  
(Month) (Day) (Year)

Immediate cause of death Strangulation from hanging when found hanging from the rafters in a kitchen in the rear of 4122 Potomac Street, around 9:30 A.M. Due to Jan 29, 1945

Other conditions.....  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

47	4	7	hr. min.
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9. Birthplace St. Louis, Mo., (City, town, or county) (State or foreign country)

10. Usual occupation Housewife,

11. Industry or business.....

12. Name Isaac Liebaart,

13. Birthplace Holland, N. (City, town, or county) (State or foreign country)

14. Maiden name Marie Beun,

15. Birthplace Holland, N. (City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant Marie Liebaart,  
(b) Address 4245 Bingham,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/1/45  
(Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Churchyard

18. (a) Signature of funeral director Oscar J Hoffmeister  
(b) Address 4016 Chippewa

Major findings:  
Of operations..... 164

Of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

19. (a) JAN 31 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence Jan 29, 1945

(c) Where did injury occur? at home in  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

While at work? at home (Specify type of place)  
(e) Means of injury as above

23. Signature Patrick E. Taylor (Date signed) 3

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 G. W. Wilkinson  
Licensed Embalmer No. 3575  
P. O. Address.....

**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.**