

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3248

State File No. ....

FILED JAN 19 1954

318

1003

Registrar's No. 25

|  |  |  |  |   |  |  |  |                                  |  |
|--|--|--|--|---|--|--|--|----------------------------------|--|
| BIRTH NO. ....   |  | REG. DIST. NO. ....  |  | PRIMARY REG. DIST. NO. ....   |  | Registrar's No. ....   |  |                                  |  |
| 1. PLACE OF DEATH<br>a. COUNTY   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY |  |  |  |                                  |  |
| b. CITY OR TOWN <b>Saint Louis</b>   |  |  |  | c. CITY OR TOWN <b>Saint Louis</b>  |  |  |  |                                  |  |
| c. LENGTH OF STAY (In this place) <b>10 Years</b>  |  |  |  | d. STREET ADDRESS (If rural, give location) <b>4500 Washington Blvd., 8,</b>  |  |  |  |                                  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Good Samaritan Home</b>   |  |  |  | 12  |  |  |  |                                  |  |
| 3. NAME OF DECEASED (Type or Print) <b>LOUISE</b>  |  |  | a. (First) <b>LOUISE</b>   |   |  | b. (Middle) <b>SCHLIEBE</b>  |  |                                  |  |
| c. (Last) <b>SCHLIEBE</b>  |  |  | 4. DATE OF DEATH <b>Jan. 2nd, 1954</b>   |   |  | 5. SEX <b>Female</b>   |  |                                  |  |
| 6. COLOR OR RACE <b>White</b>  |  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>  |   |  | 8. DATE OF BIRTH <b>Dec. 18th, 1868</b>  |  |                                  |  |
| 9. AGE (In years last birthday) <b>85</b>  |  |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b> |   |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>                                |  |                                  |  |
| 11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>   |  |  | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>  |   |  | 13a. FATHER'S NAME <b>Henry Ulrich</b>   |  |                                  |  |
| 13b. MOTHER'S MAIDEN NAME <b>Sophie Blume</b>  |  |  | 14. NAME OF HUSBAND OR WIFE <b>Late Henry Schliebe</b>   |   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>      |  |                                  |  |
| 16. SOCIAL SECURITY NO. <b>None</b>  |  |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Oscar H. Schliebe, 5634 Hiller Place, 20</b>                            |   |  | ADDRESS  |  |                                  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))   |  |  |  | MEDICAL CERTIFICATION   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>  |  |  |  | II. OTHER SIGNIFICANT CONDITIONS  |  |  |  | <b>9 mo.</b>                     |  |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  |  |  |  | ANTECEDENT CAUSES   |  |  |  |                                  |  |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   |  |  |  | DUE TO (b) <b>arteriosclerosis</b>  |  |  |  |                                  |  |
|  |  |  |  | DUE TO (c)  |  |  |  |                                  |  |
| Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |  |   |  |  |  |                                  |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |  |   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |                                  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |  |  |  |                                  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? <b>332X</b>  |  |  |  |                                  |  |
| 22. I hereby certify that I attended the deceased from <b>2/21, 1923</b> , to <b>1/2, 1954</b> , that I last saw the deceased alive on <b>12/31, 1922</b> , and that death occurred at <b>5:00A.m.</b> , from the causes and on the date stated above. |  |  |  |   |  |  |  |                                  |  |
| 23a. SIGNATURE <b>H. F. Bergman</b>  |  |  | 23b. ADDRESS <b>3720 Washington</b>  |   |  | 23c. DATE SIGNED <b>1/2/54</b>   |  |                                  |  |
| 24a. BURIAL, CREMATION, REMOVAL <b>Removal</b>   |  |  | 24b. DATE <b>1/5/54</b>  |   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Zion Cemetery</b>                          |  |                                  |  |
| 24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>  |  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Calvin F. Feutz</b>  |   |  | ADDRESS <b>4828 Natural Bridge Blvd., St. Louis, 15, Mo.</b>                     |  |                                  |  |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>JAN 4 1954</b>  |  |  | 25. FUNERAL HOME, INC., <b>St. Louis, 15, Mo.</b>  |   |  | (Licensed Embalmer's Statement on Reverse Side)                                  |  |                                  |  |

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

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3720 Washington Avenue,

Before 3:00PM Saturday Sure,

File in City

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 .....  
Student Embalmer

Signed Ralph C. Zeiders

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo.

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.