

JAN 10 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

43640  
Do not use this space.

1. PLACE OF DEATH  
 (a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City ..... (d) Street No. **Isidore Hospital** Registered No. **1890**  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **SIADEK, ROSE ELLEN**  
 (a) Residence, No. **2622 No. 21st St.** St. **20**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **FEMALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **SINGLE**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 17, 1935**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or mln.
	<b>2</b>	<b>7</b>	<b>7</b>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis, Missouri**  
 (STATE OR COUNTRY)

FATHER 13. NAME **John SIADEK**

14. BIRTHPLACE (CITY OR TOWN) **Nebraska**  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Opal GRINDSTAFF**

16. BIRTHPLACE (CITY OR TOWN) **Missouri**  
 (STATE OR COUNTRY)

17. INFORMANT **B. BUTENOTH**  
 (ADDRESS) **5600 Grand**

18. BURIAL, CREMATION OR REMOVAL PLACE **St. Peter's Cem.** DATE **12-27** 1937

19. FUNERAL DIRECTOR **Benderly Funeral Home**  
 (ADDRESS) **1936 St. Louis Ave**

20. FILE **DEC 26 1937**  
**J. G. Brudeck**  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-24-1937**

22. I HEREBY CERTIFY That I attended deceased from **Dec. 16, 1937**, to **Dec. 24, 1937**  
 I last saw her alive on **Dec. 24, 1937**. Death is said to have occurred on the date stated above, at **12:55** a.m.  
 The principal cause of death and related causes of importance were as follows:

Scarlet Fever 12-16  
 Bronchopneumonia 12-17

Other contributory causes of importance:

Date of onset

Name of operation **none** Date of  
 What test confirmed diagnosis? **clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
 No, specify  
 (Signed) **Henry J. Florin**, M. D.  
 (Address) **5600 Grand**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, Felicit J. Kriskin, Licensed Embalmer No. 3497

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed: Felicit J. Kriskin  
Licensed Embalmer No. 3497

**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.)**