

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.

REC'D MAR 14 1938

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

4675
Do not use this space.

1. PLACE OF DEATH
(a) County City of St. Louis Registration District No. **791**
(b) Township _____ Primary Registration District No. **1003**
(c) City _____ (d) Street No. St. Lukes Hosp. Registered No. **1320**
(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 Mr. Henry Siesenop 251
(a) Residence, No. St. Peters Mo. (R. Route) St. **NR** St. Peters Mo.
(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 M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10, 1855

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>82</u>	<u>4</u>	<u>24</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer

9. Industry or business in which work was done, as saw mill, bank, etc. farm

10. Date deceased last worked at this occupation (month and year) Jan. 30th 1938 Total time (years) spent in this occupation entire life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 699

MOTHER

15. MAIDEN NAME unkown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9

17. INFORMANT Edward Siesenop
(ADDRESS) St. Peters, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters, Mo. DATE Febr. 7, 1938

19. FUNERAL DIRECTOR Geo. Stiefvater
(ADDRESS) St. Peters, Mo.

20. FILED FEB 5 1938 J. B. Brudack
(Address) St. Peters, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4th 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1st 1938, to Feb. 4th 1938

I last saw him alive on Feb. 4th 1938. Death is said to have occurred on the date stated above, at 1:12 m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia. Date of onset Jan 30-38
Mucicular fibrillation ?
Degenerative Heart Disease ?

Other contributory causes of importance: Senility

Name of operation None Date of ✓

What test confirmed diagnosis? Typing #1 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 _____ 19____
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
If so, specify Robert L. Drury M. D.
(Signed) _____ (Address) 3548 So. Grand City

STATEMENT BY LICENSED EMBALMER

I, Ea Keithly, Licensed Embalmer No. 822

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.

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

Signed Ea Keithly
Licensed Embalmer No. 822

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.)