

JUL 20 1938

REC'D AUG 9 1938

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

26516
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Co. Registration District No. 784
(b) Township _____ Primary Registration District No. 115
(c) City University City (d) Street No. 400 W. Point COURT Registered No. 1229
(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 MATHILDE BETTY SIELING.

(a) Residence, No. 400 W. Point. COURT. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26th 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
53 6 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
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,
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Rudolph Jaegermann
14. BIRTHPLACE (CITY OR TOWN) Hamburg,
(STATE OR COUNTRY) Germany.

MOTHER 15. MAIDEN NAME Marie Holst.
16. BIRTHPLACE (CITY OR TOWN) Cuxhaven,
(STATE OR COUNTRY) Germany.

17. INFORMANT Arthur Sieling.
(ADDRESS) 400 West Point.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Mausoleum DATE July 21st 1938

19. FUNERAL DIRECTOR (NAME) C. R. Lupton & Sons.
(ADDRESS) 7233 delmar blvd.

20. FILED JUL 20 1938 T. L. Meyer, M.D., P.H.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1938

22. I HEREBY CERTIFY, that I attended deceased from July 2 1938, to July 19 1938
I last saw her alive on July 18 1938. Death is said to have occurred on the date stated above, at 4:15 A. m.

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

Chr. Myocarditis

Other contributory causes of importance:

Chr. atrophic Arthritis

Name of operation none Date of _____
What test confirmed diagnosis? exam 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 _____
(Signed) Joseph E. Carney, M. D.
(Address) 525 Frisco Bldg.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE must 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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

CH Murray

....., or by

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

Signed: *CH Murray*

Licensed Embalmer No. *4011*

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, above space should be left blank.