

REC'D APR 12 1939

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

8673
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No.
(b) Township Primary Registration District No. Registered No. 2438
(c) or City St. Louis (d) Street No. 5522 Tennessee St.
(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 Mamie Siebke

(a) Residence, No. 5522 Tennessee St. 15 (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 George Siebke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10, 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 7 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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)

FATHER 13. NAME Joseph Wiesemeyer

14. BIRTHPLACE (CITY OR TOWN) Highland, Ill. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Johanna Hallemeier

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY)

17. INFORMANT George J. Siebke (ADDRESS) 5522 Tennessee

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crem. DATE Mar. 17, 1939

19. FUNERAL DIRECTOR (NAME) Wacker-Helderle (ADDRESS) 2331 S. Broadway

20. FILED MAR 14 1939 J.F. Bruch Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1939, to March 14, 1939

I last saw him alive on March 13, 1939. Death is said to have occurred on the date stated above, at 7:45 P. M.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset 3/13/39
?
?
?

Other contributory causes of importance:

Chronic Hypertension
Hypertension
Chf Nephritis

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 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) A. J. ... M. D.
(Address) 5417 ...

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.

MAR 16 1956

AUG 23 1956

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.....

Robert Wheeler

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Robert Wheeler

Licensed Embalmer No. *2178*

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, above space should be left blank.