

DEC'D MAY 10 1939

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

13389
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 791
(b) Township St. Louis Primary Registration District No. 1003 Registered No. 3731
(c) City St. Louis (d) Street No. 2821 1/2 Wisconsin 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 30 yrs. mos. ds.

2. PRINT FULL NAME

160 Marie Sieber
(a) Residence, No. 2821 1/2 Wisconsin St. 24 (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*) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Sieber
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6, 1886
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 53 2 15

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. at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

FATHER 13. NAME Joseph Fohr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

MOTHER 15. MAIDEN NAME Theresa Freil
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT (ADDRESS) Elizabeth Jagalls
3940 Madison St.18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Bur. Pl. DATE 4-24 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) With Bro. L. H. N. 2929 S. Jefferson Av.20. FILED APR 22 1939 J. B. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from about June, 1938, to April 21, 1939
I last saw her alive on April 2, 1939. Death is said to have occurred on the date stated above, at 2 P. M.
The principal cause of death and related causes of importance were as follows:

Myocardial Deceleration
and Failure
contributory (arteritis obliterans?)
with arteriosclerosis of large
2) cerebral & coronary arteries
3) Beginning of emphysema of left
Other contributory causes of importance:
leg of thigh from probable arteritis
obliterans of thrombosis

Date of onset

4/16/39June 1938July 19384/19/39

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) Paul B. Webb, M. D.(Address) 3467 Worthington Rd

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,

Paul A. Shanklin

, or by

Registered Apprentice No., working under my personal supervision.

Signed

Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 2999 S. Jefferson

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.