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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22856

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 1193

1. PLACE OF DEATH:

(a) County St. Louis 1

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. St. Mary's Hospital
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Anna Siedhoff 310

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. (Month) 10 (Day) 1877 (Year)

8. AGE: Years 63 Months 5 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace St. Charles (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House Maid

11. Industry or business _____

FATHER
12. Name Frederick Siedhoff 9
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Elizabeth Hemmer 1
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Sister Florence
(b) Address St. Mary's Hospital

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-40 (Month) (Day) (Year)
(c) Place: burial or cremation St. Charles, Mo.

18. (a) Signature of funeral director H. C. Dallmeyer & Son
(b) Address St. Charles, Mo. on Ave.

19. (a) JUN 24 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1940 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from Aug 29, 1939, to June 21, 1940 that I last saw her alive on June 21, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia (Hypostatic) — Duration

Due to General Carcinomatosis

Due to Carcinoma S Bladder (Primary) with Carcinoma Implantation of

Other conditions Stomach 46
(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma S Bladder + Carcinoma Implantation Stomach
Of autopsy + Peritoneum
No

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ✓
(b) Date of occurrence _____
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 707 (Specify type of place)
While at work (e) Means of injury ✓

23. Signature [signature] (M. D. or other)
Address [signature] Date signed 6/23/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address 4704 Washington Blv

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.