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10-39
-39
21492

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8018

FILED OCT 27 1940

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution:
2637 Natural Bridge Ave
(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 20
(If outside city or town limits write "RURAL")

(d) Street No. 2637 Natural Bridge Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME John H. SIECKMANN

(b) If veteran _____ name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24
year 1940 hour 8:50 minute A M.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Bertha Riesner Sieckmann 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June 16 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 21, 1940 to Sept 23, 1940
that I last saw him alive on Sept 23, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 3 Days 7 If less than one day
hr. _____ min. _____

Immediate cause of death Coronary Occlusion 3 days
Duration _____

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

Due to AKW

Due to AKW

10. Usual occupation Retired Real Estate Supt.

Other conditions Arterio-Sclerosis
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name John Henry Sieckmann

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Henrietta Strathmann

15. Birthplace Germany
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Bertha Sieckmann

(b) Address 2637 Natural Bridge

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? _____

17. (a) Burial (b) Date thereof Sept. 26 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Reiderwieden Funl Home Inc

(b) Address 1936 St. Louis Ave

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

19. (a) SEP 26 1940 (b) J. J. Braddock
(Date received local registrar) (Signature)

23. Signature Dr. J. J. Mellis (M. D. or other) _____
Address 3825 1/2 20th St Date signed 9/24/40

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

Dr. Mellie

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.....

..... Max Warfel, Registered Apprentice No. 215
working under my personal supervision.

Signed.....

..... Julius J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St Louis

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.