

Registration District No. 791 Primary Registration District No. 1003

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

PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis

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

(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community Birth years, months or days)

3. (a) PRINT FULL NAME Katherine Siemers

3. (b) If veteran, name war None 3. (c) Social Security No. 489-83-7186

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 11, 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>11</u>	<u>11</u>	hr. _____ min.

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

10. Usual occupation Coat maker

11. Industry or business Curlee Co.

12. Name George Siemers

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

14. Maiden name Dora Becker

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

16. (a) Informant Miss Sophie Siemers
(b) Address 4452a Bircher Blvd.

17. (a) Burial (b) Date thereof 10/24/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) OCT 23 1940 (b) _____
(Date received by registrar) (Registrar's signature)

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. 4452a Bircher Blvd.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22, 1940 year. 4:20 AM hour 4:20 AM minute _____ M.

21. I hereby certify that I attended the deceased from Oct. 7, 1940 to Oct. 22, 1940 that I last saw her alive on Oct. 22, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Biliary obstruction

Due to Acute Cholangitis

Due to Cholelithiasis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations Biliary obstruction
Cholelithiasis - probable cause
Of autopsy gall bladder

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? _____

(Specify type of place) _____

While at work? (e) Means of injury _____

23. Signature John J. Fite (M. D. or other) J.P.
Address 14703 Center Ave Date signed 10-23-40

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

Edward Hampton

Licensed Embalmer No.

2967

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; fact should be so stated above.