

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthony Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Month
62 years (Specify whether years, months or days)
In this community.....

3. (a) PRINT FULL NAME Minnie E. Sieckhaus

3. (b) If veteran, No name war. 3. (c) Social Security No. No

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank G. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Feb 26 1879
(Month) (Day) (Year)

8. AGE: Years 62 Months 5 Days 25 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

12. Name John H. Becker

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

14. Maiden name Unknown

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

16. (a) Informant Frank G. Sieckhaus

(b) Address 3635 Hydraulic St.

17. (a) Burial (b) Date thereof Aug 23 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Waches N. S. & Co

(b) Address 3634 Gravois Ave

19. (a) AUG 22 1941 (Date received local registrar) J. H. Becker (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100
St. Louis (c) City or town 1716
(If outside city or town limits, write "RURAL")
(d) Street No. 3635 Hydraulic Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20
year 1941 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from July 20 to Aug 20 1941
that I last saw him alive on Aug 20 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma of Liver
Due to Carcinoma of Stomach

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations H&W

Of autopsy Carcinoma of Stomach with metastasis in Liver

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?

While at work (Specify type of place) (e) Means of injury.....

23. Signature D. J. Freedman (M. D. or other) 7/20/41
Address 3115 S. Grand Date signed 8/21/41

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

MOTHER FATHER

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..... *Robert Crocker*.....
Licensed Embalmer No..... *2128*.....
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.