No. 2
-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30091

Registration District No. 791 FILED OCT 18 1941

Primary Registration District No. 1003

Registrar's No. 7430

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

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:
Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ½ Hour. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6 11

(c) City or town St. Louis 6 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1927 Marcus Ave. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MARGARET SIELING.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John F. Sieling.

6. (c) Age of husband or wife if alive Dec'd. years

7. Birth date of deceased January 4, 1867.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	7	8	hr. min.

9. Birthplace Mascoutah, Illinois.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

FATHER
12. Name Jacob Voelkel.
13. Birthplace ? Germany.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dont know.
15. Birthplace Dont know. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. W. R. Sieling.
(b) Address 8121 Cornell Court.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-15-1941.
(Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) SEP 15 1941 (Date received local registrar) (b) J. P. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 12th.
year 1941 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sep 12 1941 to Sep. 12 1941;
that I last saw her alive on Sep. 12 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Primary anemia. Pernicious	7
Due to	
Due to	
Other conditions: Dermoid cyst (Include pregnancy within 3 months of death) of l. ovary	
Major findings: Of operations	
Of autopsy: Dermoid cyst. Evidence of anemia.	

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 C. Kleinschmidt (M. D. ~~or other~~) 0
Address Met Bldg Date signed 9-13-41

(Licensed Embalmer's Statement on Reverse Side)

Dr.C.Kleinschmidt.
Metropolitian Bldg.
Hours 2 to 4 P.M.

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. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address St. Louis

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

If this body is not embalmed, fact should be so stated above.