

7. S. No. 2  
FORM-5-42  
Rev. 5-17-39  
I X32875

23561

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

SEP 11 1943  
162

Registration District No. \_\_\_\_\_

Primary Registration District No. 5598

Registrar's No. 33

1. PLACE OF DEATH:

(a) County. JEFFERSON  
(b) City or town. RURAL ROCK TOWNSHIP  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: HOME  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether)  
In this community 41 YEARS years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. JEFFERSON  
(c) City or town. RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. NEAR MAXVILLE Mo.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES J. SIEDLER

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

4. Sex M. 5. Color or Race W. 6. (a) Single, widowed, married, divorced. MARRIED  
6. (b) Name of husband or wife. JOSEPHINE SIEDLER. 6. (c) Age of husband or wife if alive. 69 years  
7. Birth date of deceased. AUGUST 13, 1875  
(Month) (Day) (Year)

8. AGE: Years 68 Months - Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace. MARINE ILLINOIS  
(City, town, or county) (State or foreign country)

10. Usual occupation. MERCHANT

11. Industry or business. GENERAL MERCHANDISE

12. Name. UNKNOWN

13. Birthplace. UNKNOWN  
(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. MRS JOSEPHINE SIEDLER

(b) Address. KIMMSWICK No. R. R. #1

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof. AUG 30, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation. RICHARDSON Cem. BECK Mo

18. (a) Signature of funeral director. HEILIGTAE FUNERAL HOME

(b) Address. KIMMSWICK Mo

19. (a) 8/29/43 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27  
year. 1943 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from Coroners Investigation  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary occlusion with myocarditis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions. none  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations. \_\_\_\_\_  
Of autopsy. none

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? \_\_\_\_\_

23. Signature. [Signature] (M. D. or other)  
Address. Coroner's Office Date signed 8/27/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

DEC 11 1953

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**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 Arthur W. Heiligtag  
Licensed Embalmer No. 3802  
P. O. Address Timmswick 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.**