

S. No. 2
OM-5-43
REV. 5-17-39
I X36671

FILED FEB 19 1946
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis Mo**

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

(c) Name of hospital or institution:
4559 Gibson 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

3. (a) PRINT FULL NAME **Edward F Siedler**

3. (b) If veteran, name war **World War 1**

3. (c) Social Security No. _____

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Dec 16 1888**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

57 1 3 hr. min.

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

10. Usual occupation **Electrical Engineer**

MOTHER FATHER

11. Industry or business _____

12. Name **Frederick G Siedler**

13. Birthplace **St. Louis Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Bertha Finck**

15. Birthplace **St. Louis Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Elise Siedler**

(b) Address **4559 Gibson Ave**

17. (a) **Burial** (b) Date thereof **1 22 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Pickers Cemete**

18. (a) Signature of funeral director **Kriegshausner**

(b) Address **4228 So. Kings Highway**

19. (a) **JAN 21 1946** (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County _____

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

(d) Street No. **4559 Gibson Ave**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **19**
year **1946** hour **3** minute **am** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

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
Coronary Sclerosis**

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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? **Y**

While at work? _____ (Specify type of place)

(c) Means of injury **3**

23. Signature **Patrick E. Taylor, Dep. Cor** (Name of physician)
Address **1300 Clark** Date signed **1-21-46**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
3122

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..... *Edwin D. McDermott*

Licensed Embalmer No..... *3024*

P. O. Address.....

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.