S. No. 2
M—2-43
. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 29 1946

State File No. 14429

Registration District No. 377 Primary Registration District No. 6076 Registrar's No. 930

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town St Louis Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MT SAINT ROSE SANATORIUM
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 23 YRS.

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. MT. ST. ROSE SANATORIUM
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARIE SIEBERT
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race W.
6. (a) Single, widowed, married, divorced DIVORSED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased AUG (Month) 13 (Day) 1902 (Year)
8. AGE: Years 43 Months 8 Days 12 If less than one day hr. min.
9. Birthplace NEW CASTLE (City, town, or county) WYO. (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business
FATHER 12. Name CHAS W. HUTTON
13. Birthplace OREGON (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Josephine Lagesse
15. Birthplace Clyde (City, town, or county) KAN. (State or foreign country)
16. (a) Informant Alfred Seibert
(b) Address 4729 Morgan Ford
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof APR 27 46 (Month) (Day) (Year)
(c) Place: burial or cremation TILDEN, ILL
18. (a) Signature of funeral director Bridgewater Funeral
(b) Address 1936 W. Ferris, Cor
19. (a) 4-26-46 (Date received local registrar) (b) E. B. McGovern (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 25 year 1946 hour 4 minute 30 A.M.
21. I hereby certify that I attended the deceased from APRIL 5, 1946 to APRIL 25, 1946 that I last saw HER alive on APRIL 24, 1946, 19 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
FAR ADVANCED PULMONARY TUBERCULOSIS
Due to
TOXIC NEPHRITIS
Due to
13 hr
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Thomas Ohmart M.D. (M. D. or other)
Address 9101 So Broadway Date signed 4-26-46

(Licensed Embalmer's Statement on Reverse Side)

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

13329

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 Felix J. Kispin

Licensed Embalmer No. 3497

P. O. Address 1936 St Louis

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.