

FILED OCT 7 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8306

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Missouri Baptist Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 day's
 (Specify whether _____)
 In this community _____
 years, months or days

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. 2854 St. Louis Ave.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Edgar N. Siems3. (b) If veteran, name war No 3. (c) Social Security No. 492-05-95564. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Loretta Siems 6. (c) Age of husband or wife if alive 37 years7. Birth date of deceased March 2, 1900
(Month) (Day) (Year)8. AGE: Years 46 Months 6 Days 23 If less than one day
hr. _____ min. _____9. Birthplace St. Louis
(City, town, or county) (State or foreign country)10. Usual occupation Core Maker11. Industry or business Bodine Pattern & Fdy. Co12. Name William Siems13. Birthplace St. Louis
(City, town, or county) (State or foreign country)14. Maiden name Julia Hundertmark15. Birthplace St. Louis
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Loretta Siems(b) Address 2854 St. Louis Ave.17. (a) Burial (b) Date thereof 9-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Paschedag-Henke Fun. Home(b) Address 2825 N. Grand Blvd.19. (a) SEP 27 1946 (b) J. F. Budnick
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25th
year 1946 hour 1 minute 00P. M.21. I hereby certify that I attended the deceased from Sept 15 1946 to Sept. 25. 1946that I last saw him alive on 9-25- 1946
and that death occurred on the date and hour stated above.Immediate cause of death Stroke Epilepsy

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: Perital feteter

Of operations _____

Of autopsy _____

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? _____

Home _____ (Specify type of place)
while at work? _____ (e) Means of injury _____23. Signature H. H. Feller (M. D. or other) M.D.Address 2807 N. Grand Date signed 9-28-46

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.....

W. W. Wilkinson

Licensed Embalmer No.....

357

P. O. Address.....

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

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

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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8306

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 Edgar N. Siems
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased 3 - 2 - 1900
(Month) (Day) (Year)

8. AGE: Years 46 Months 6 Days 23
If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 9-27-46 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 25
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

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?
_____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

OCT 14 1946

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