

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL," and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(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 WILLIAM W. SIRINGER

3. (b) If veteran, name war _____ 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 November 23, 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>11</u>	<u>14</u>	hr. _____ min. _____

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

10. Usual occupation Printer

11. Industry or business _____

12. Name George Siringer
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Augusta Reinha
 15. Birthplace Unknown France
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Siringer
 (b) Address 1373 Montclair Ave.
 17. (a) Burial (b) Date thereof 11/9/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
 (b) Address 4700 Washington Ave.

19. (a) NOV 8 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1373 Montclair Ave.,
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7th
 year 1946 hour 8:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from 11/6/46
 _____, 19____, to Nov. 7th, 1946
 that I last saw him alive on Nov. 7th, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease
 Due to Arteriosclerosis, generalized
 Duration 2 years

Due to _____
 Other conditions hypertension
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations: _____
 Of autopsy: Arteriosclerosis, generalized, atherosclerosis, cholelithiasis
 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? _____

While at work? _____ (Specify type of place) _____
 (e) Means of injury 0
 23. Signature Hubert C. Sweet (M.D. 8/46)
1515 LAFAYETTE
 Address _____ Date signed _____

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

0. 2
-15
-39
47070

FILED NOV 26 1946

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 Henry M. Brammer
Licensed Embalmer No. 4200
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.