

S. No. 2
MOM-5-43
Rev. 5-17-39
X33671

24510

DEPARTMENT OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 9 1947
148

Registration District No. _____ Primary Registration District No. 5570

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town South of Levasy, Mo.
(c) Name of hospital or institution: at her home with son /
(d) Length of stay: In hospital or institution no
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Levasy
(d) Street No. Rural
(e) Citizen of foreign country? no
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Hilda Elise Siefker
3. (b) If veteran, name war no
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 29
year 1947 hour 8 minute 45 A M.

4. Sex Female
5. Color or white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive 1875 years
7. Birth date of deceased Dec. 30 1875

21. I hereby certify that I attended the deceased from May 16 1947 to July 29 1947
that I last saw her alive on July 29 1947
and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 6 Days 29
If less than one day hr. min.

Immediate cause of death Chronic degenerative
Due to _____
Due to _____

9. Birthplace St. Charles County Mo.
(City, town, or county) (State or foreign country)

Other conditions Chronic degenerative
(Include pregnancy within 3 months of death)

10. Usual occupation her home

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business her home
12. Name Theodore George Meyer
13. Birthplace St. Charles Co Mo.
14. Maiden name Catherine Landwehr
15. Birthplace St Charles Mo.

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Arnold Siefker
(b) Address Rt 1 Sibley Mo.
17. (a) Burial etc (b) Date thereof 8-1-47
(c) Place: burial or cremation Defiance, Mo.

23. Signature _____
While at work? _____
Signature _____
Address Lexington MO Date signed 7-29-47

18. (a) Signature of funeral director T.M. Reppert
(b) Address Buckner Mo
19. (a) _____ (b) T.M. Reppert
(Date received local registrar) (Registrar's signature)

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

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..... *Jessie M. Repert*

Licensed Embalmer No. *2321*

P. O. Address..... *Buckner*

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.