No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24721

FILED AUG 6 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6562

220 cc

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

1. PLACE OF DEATH:
(a) County
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 4661 Allemania 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000 17
(c) City or town St Louis 9
(If outside city or town limits, write "RURAL") 0
(d) Street No. 4661 Allemania
(If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Siener
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced S 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 10 (Day) 1943 (Year)

8. AGE: Years 5 Months 6 Days 13 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name Walter R Siener
13. Birthplace St Louis (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Margaret Schardan
15. Birthplace Collinsville (City, town, or county) Ill (State or foreign country)

16. (a) Informant Walter R Siener
(b) Address 4661 Allemania
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/48 (Month) (Day) (Year)
(c) Place: burial or cremation St Paul's Churchyard
18. (a) Signature of funeral director J L Ziegenhein & Sons
(b) Address 7027 Gravois
19. (a) JUL 26 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1948 hour 12 minute P.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 Suffocation by drowning when he fell into an open sewer in the bottom of a drainage ditch one block west of Morganford Road, north of River Des Peres, around 11:00 AM July 23, 1948. ACCIDENT

Duration

Due to

Other conditions 105
(Include pregnancy within 3 months of death)

Major findings:
Of operations 21
Of autopsy 21

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 000
(b) Date of occurrence 7-23-1948
(c) Where did injury occur? St. Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)
While at work? no (e) Means of injury see above

23. Signature Albert E Myers (M. D. or other) 3
Address Date signed 7/26/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Frank D. Owens

Licensed Embalmer No. 2245

P. O. Address St Louis Mo.

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.