

No. 300
10-48

FILED JUN 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18804

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 2321

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City

c. LENGTH OF STAY (in this place) years

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION residence-834 University Place

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

a. STATE Missouri b. COUNTY St. Louis

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City, 4466

d. STREET ADDRESS (If rural, give location) 834 University Place 0

3. NAME OF DECEASED

a. (First) JAYNE b. (Middle) MARGARET c. (Last) SIEFERT

(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)

5 31 51

5. SEX

female

6. COLOR OR RACE

white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

single 0

8. DATE OF BIRTH

Feb. 10, 1924

9. AGE (In years last birthday)

27

IF UNDER 1 YEAR

Months 3 Days 21

IF UNDER 24 HRS.

Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

stenographer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

San Francisco, California

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

William H. Siefert

13b. MOTHER'S MAIDEN NAME

Lucile Cassidy

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

492-28-9441

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

Col. William H. Siefert, 834 University Pl.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of ascending Colon

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

1 yr ?

2400-

19a. DATE OF OPERATION

May 31

19b. MAJOR FINDINGS OF OPERATION

Cc of Colon

20. AUTOPSY?

YES NO

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

1534

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1951, to May 31, 1951, that I last saw the deceased alive on May 31, 1951, and that death occurred at 5:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

Dr. W. Magness M.D.

23b. ADDRESS

6651 Emmerich University City (5)

23c. DATE SIGNED

June 1-1951

24a. BURIAL, CREMATION, REMOVAL (Specify)

burial 0

24b. DATE

6-4-51

24c. NAME OF CEMETERY OR CREMATORY

National Cemetery

24d. LOCATION (City, town, or county) (State)

Jefferson Barracks, Missouri

DATE REC'D BY LOCAL REG.

6-1-51

REGISTRAR'S SIGNATURE

Herbert R. Donke MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

C. R. Lupton & Sons-7233 Delmar Blv'd., St. Louis 5, Missouri.

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

Dr. Guy N. Magnus
6651 Emright Avenue
CA-4400

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

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.