No. 300
10.48

FILED NOV 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003 State File No. 35573

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. 9232

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Baptist Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2069
d. STREET ADDRESS (If rural, give location): 1314 a Walton Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Annie
b. (Middle): K.
c. (Last): Schaefer

4. DATE OF DEATH (Month) (Day) (Year): Oct. 17, 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 6, 1871
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 4, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Milstadt Illinois
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: George W. Sieber
13b. MOTHER'S MAIDEN NAME: Barbara Sybertz
14. NAME OF HUSBAND OR WIFE: August Schaefer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Ella Sieber 1314a Walton Ave.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Communicated Intertrochanteric Fem. — INTERVAL BETWEEN ONSET AND DEATH: 9/21-19/1951

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Mental Deteriorating due to Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Communicated F. Femur Intertrochanteric
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Louis Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 21 1951 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Fell at home. E 9030

22. *I hereby certify that I attended the deceased from* _____ *19*__ *to* 10/17 *19*51, *that I last saw the deceased alive on* 12 45 PM *19*__, *and that death occurred at* 12:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE 10/17-51 (Degree or title): [signature] M.D.
23b. ADDRESS: 845 Missouri Theatre Bldg St Louis Mo
23c. DATE SIGNED: 10/18/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-20-51
24c. NAME OF CEMETERY OR CREMATORY: New St. Marcus Cem.
24d. LOCATION (City, town, or county) (State): St. Louis Missouri

DATE REC'D BY LOCAL REG.: OCT 19 1951
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. W.J.G.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Chas. F. Smart 1225 Union

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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

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