

No. 300  
10-48

FILED MAR 20 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11097

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4464 Registrar's No. 670

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Overland</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Overland</u> <u>400 X</u>	
c. LENGTH OF STAY (in this place) <u>15-Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>10,534 Maddox Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10,534 Maddox Avenue</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sophie</u> b. (Middle) <u>Siebert</u> c. (Last) <u>Siebert</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 10, 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>July 4, 1875</u>		9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>John Wagner</u>		13b. MOTHER'S MAIDEN NAME, <u>Sophie Wolff</u>		14. NAME OF HUSBAND OR WIFE <u>William Dcd.</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clara Siebert 10534 Maddox Ave-Overland, Mo</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial degeneration</u> DUE TO (c) <u>Hypostatic pneumonia</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> <u>3 yrs.</u> <u>24 hrs.</u>
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4701</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) _____	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from 2-10, 1948, to 3-10, 1952, that I last saw the deceased alive on 3-10, 1952, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>John J. Kessler M.D.</u> (Degree or title)		23b. ADDRESS <u>9621 Saddle Rd</u>		23c. DATE SIGNED <u>3-11-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-13-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Sappington, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>3-13-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Baumann Bros Inc. 2504 Woodson Rd-Overland-11-Mo.</u>	
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SW (Licensed Embalmer's Statement on Reverse Side)

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

100 X  
Mrs. J. H. Kessler

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..... *Oscar F Mueller*

Licensed Embalmer No. *3039*

P. O. Address *Overland 142*

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.