

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18549**  
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3994**

FILED MAY 19 1952  
BIRTH NO. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.		b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis		e. LENGTH OF STAY (in this place) 2189	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS 18 4234 Norfolk Ave.		f. (If rural, give location)	
3. NAME OF DECEASED (Type or Print) GEORGE		a. (First) E.	b. (Middle) F.	c. (Last) SIEMONS Sr.	4. DATE OF DEATH (Month) (Day) (Year) Apr. 26 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH May 30, 1880	9. AGE (In years last birthday) 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) License Clk., -Mo. State Lic. Bureau		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Davenport, Iowa	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Philip J. Siemons		13b. MOTHER'S MAIDEN NAME Josephine Unknown		14. NAME OF HUSBAND OR WIFE Late Alice Siemons	
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. 488-28-6268		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alice M. LeBrun 4234 Norfolk Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Coronary artery Disease			2 Mo.
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		DUE TO (b) atherosclerosis			Advanced years
		DUE TO (c) Emphysema			years
		II. OTHER SIGNIFICANT CONDITIONS			
		Bronchial asthma			1 week
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 502nd	
22. I hereby certify that I attended the deceased from June, 1952, to Apr. 26, 1952, that I last saw the deceased alive on Apr. 26, 1952, and that death occurred at 6:55 P.M., from the causes and on the date stated above.					
23a. SIGNATURE L. E. Welsh, M.D.		(Degree or title)		23b. ADDRESS 4030 Phonteau Ave	
23c. DATE SIGNED Apr. 28, 1952		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 29, 1952	
24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 28 1952		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.	

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**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 William B. White.....

Licensed Embalmer No. 4291.....

P. O. Address 4228 So. Kings Highway.....

**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.