

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3768

State File No.

FILED FEB 11 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 1097

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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2069	
c. LENGTH OF STAY (in this place) 1wk		d. STREET ADDRESS (If rural, give location) 3325 Semple Avenue 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital 6			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Philip c. (Last) Siedentop		4. DATE OF DEATH (Month) (Day) (Year) 1 - 27 - 1953	
5. SEX male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8 - 19 - 1881
9. AGE (In years last birthday) 71		10. IF UNDER 1 YEAR (Month) (Day) (Hour) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory worker		10b. KIND OF BUSINESS OR INDUSTRY Perfection Mfg. Co	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri U		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Conrad Siedentop		13b. MOTHER'S MAIDEN NAME Diana Redfux	
14. NAME OF HUSBAND OR WIFE Julia F. Siedentop			
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. 498-03-2829	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Julia F. Siedentop		ADDRESS 3325 Semple	
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) <u>Arteriosclerotic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Jan 1950 to Jan 1953</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac decompensation</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR 4200			
22. I hereby certify that I attended the deceased from <u>Jan 1950</u> , to <u>Jan 27, 1953</u> , that I last saw the deceased alive on <u>Jan 27, 1953</u> , and that death occurred at <u>5:47P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>B H Kulker MD</u>		23b. ADDRESS <u>3121 N Grand</u>	
23c. DATE SIGNED <u>1-30-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE <u>1/30/53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Zion Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>	
DATE REC'D BY LOCAL REG. JAN 30 1953		REGISTRAR'S SIGNATURE <u>Carl Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Drehmann-Harral</u>		ADDRESS <u>1905 union Blvd.</u>	

3121 N. Grand

Dr. V. H. Kiker
Med. 2-6
No 264
Pr. 1. 10-12 & 2-6

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 Warren P. Carver

Licensed Embalmer No. 3534

P. O. Address _____

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.