No. 300
10.48

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

FILED MAY 5 1954

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 11710

BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 4193 Registrar's No. 9

**1. PLACE OF DEATH**
a. COUNTY: GASCONADE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HERMANN
c. LENGTH OF STAY (In this place): 6 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 220 E. 4TH ST.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: GASCONADE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HERMANN
d. STREET ADDRESS (If rural, give location): 220 E. 4TH ST

**3. NAME OF DECEASED** (Type or Print)
a. (First): ALBERT
b. (Middle): HERMAN
c. (Last): SIEDLER

**4. DATE OF DEATH** (Month) (Day) (Year): APRIL 4 1954

**5. SEX**: MALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED
**8. DATE OF BIRTH**: JULY-12-1891
**9. AGE** (In years last birthday): 62
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): LINOTYPE OPERATOR
**10b. KIND OF BUSINESS OR INDUSTRY**: PRINTING
**11. BIRTHPLACE** (State or foreign country): MISSOURI
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: SIEGFRIED SIEDLER
**13b. MOTHER'S MAIDEN NAME**: LOUISA AHRING
**14. NAME OF HUSBAND OR WIFE**: GRETCHEN SIEDLER

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): YES
(If yes, give war or dates of service): 9/13/1911 to 9/12/1914
**16. SOCIAL SECURITY NO.**: 489-09-5077
**17. INFORMANT'S SIGNATURE OR NAME**: GRETCHEN SIEDLER
ADDRESS: HERMANN MO

**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) METASTATIC CARCINOMA (PRIMARY SITE UNKNOWN) — INTERVAL BETWEEN ONSET AND DEATH: 2 MOS

ANTECEDENT CAUSES

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

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.* ARTERIOSCLEROTIC HEART DISEASE — 7 YRS.

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 1999
**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)
**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* 4-2, 1954, *to* 4-3, 1954, *that I last saw the deceased alive on* 4-3, 1954, *and that death occurred at* 1 A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): George M. Workman M.D.
**23b. ADDRESS**: HERMANN, MO
**23c. DATE SIGNED**: 4-5-54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: 4/6/54
**24c. NAME OF CEMETERY OR CREMATORY**: Hermann City Cemetery
**24d. LOCATION** (City, town, or county) (State): Hermann Mo

DATE REC'D BY LOCAL REG.: 4-6-54
REGISTRAR'S SIGNATURE: Delma Gerken 492
**25. FUNERAL DIRECTOR'S SIGNATURE**: Hugo H. Deuner
ADDRESS: HERMANN Mo

(Licensed Embalmer's Statement on Reverse Side)

SEP 20 1954

SEP 17 1954

JUN 1 1955

## 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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3160

P. O. Address Hermann Mo

**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.