

STANDARD CERTIFICATE OF DEATH

FILED SEP 30 1957

318

1003

34137  
STATE FILE NUMBER

8625  
Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH a. COUNTY		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, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>Affton 23</u> <u>47900</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bethesda General Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>27</u> <u>9755 Grantview</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Sandra Lee Siefert</u>			4. DATE OF DEATH Month Day Year <u>September 13, 1957</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 1, 1948</u>
9. AGE (In years last birthday) <u>9</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Russell Siefert</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Woodrow</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>Russell Siefert 9755 Grantview Dr.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Deep jaundice (anoxia)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Cerebral Edema (both injuries)</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (d)			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>351x</u>		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>Affton</u>		COUNTY STATE	
21. I attended the deceased from <u>11-6-48</u> to <u>9-13-57</u> and last saw her/him alive on <u>9-13-57</u> Death occurred at <u>8:50 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. W. Riley</u> (Degree or title)		22b. ADDRESS <u>W 660 Maryland</u>	
22c. DATE SIGNED <u>9-13-57</u>		23a. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>	
23b. DATE <u>9/16/1957</u>		23c. LOCATION (City, town, or county) (State) <u>Affton, Mo.</u>	
23d. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24. FUNERAL DIRECTOR ADDRESS <u>J L Ziegenhein &amp; Sons 7027 Gravois</u>	
25. DATE RECD. BY LOCAL REG. <u>SEP 14 57</u>		26. REGISTRAR'S SIGNATURE <u>J Carl Smith MD</u> <u>m86</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, yellow, public, service, 300, 1-5, All diseases in Part I must be causally related.

X

USA

none

none

none

none

none

none

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 ..... Signature of Student Embalmer

Signed *Van Buren* .....

Licensed Embalmer No. *483*  
P. O. Address *7077 Brown*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.