

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

38154

FILED OCT 25 1957

Registration District No.

318

Primary Registration District No.

1003

Registrar's

9666

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>ST. LOUIS</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>4008^A N. 22 ST.</i>			Length of stay in lb <i>75 YRS.</i>		d. STREET (If outside, give location) ADDRESS <i>4008^A N. 22 ST.</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <i>FREDERICK</i>			First	Middle	Last	4. DATE OF DEATH Month <i>OCT.</i> Day <i>16</i> Year <i>1957</i>	
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>JULY 12, 1872</i>		9. AGE (In years last birthday) <i>85</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>RETIRED-MACHINE HAND SHOWCASE Co.</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>SHOWCASE Co.</i>		11. BIRTHPLACE (City and state or country) <i>UNK. GERMANY</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>FREDERICK SIEBER</i>				14. MOTHER'S MAIDEN NAME <i>UNKNOWN</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>487-07-3436</i>		17. INFORMANT <i>MRS MINNIE SIEBER</i>		Address <i>4008^A N. 22 ST</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Infarction</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arteriosclerotic Heart Disease</i> DUE TO (c) <i>Arterio sclerosis</i>						INTERVAL BETWEEN ONSET AND DEATH <i>3 WKS</i> <i>Indeterminate</i> <i>4</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>420.0</i>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)				
20c. TIME OF INJURY Hour a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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		CITY	STATE
21. I attended the deceased from <i>July 1 '57</i> to <i>Oct. 16 '57</i> and last saw ^{him} <i>him</i> alive on <i>Sept 18 '57</i> Death occurred at <i>7 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Donald E. Kieker M.D.</i>				22b. ADDRESS <i>3121 N. Grand St. Louis 7, Mo</i>		22c. DATE SIGNED <i>10/16/57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>		23b. DATE <i>OCT. 19, 1956</i>	23c. NAME OF CEMETERY OR CREMATORY <i>ST. PETERS CEM.</i>		23d. LOCATION (City, town, or county) <i>ST. LOUIS Co</i>		(State) <i>Mo</i>
24. FUNERAL DIRECTOR <i>Wiedmeyer & Sons</i>			ADDRESS <i>3934 N. 20 ST</i>		25. DATE RECD. BY LOCAL REG. <i>OCT 16 '57</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith Mo</i>

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Gustav W. Dieter*

Licensed Embalmer No. *43*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (It
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.