ept. Health,
c., & Welfare
. S. Public
alth Service

V. S. 300
Rev. 1-57

Doctor, coroner, etc. must use only standard nomenclature in the specific manner required by 193.140 MoRS 1949.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED DEC 10 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 42610

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11543

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St.Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St.Anthonys Hospital — Length of stay in 1b: 22

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: Madison
c. CITY OR TOWN: Highland — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): Sycamore St — 32 — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Doris Middle: E Last: Siever

4. DATE OF DEATH: Month: Nov Day: 29 Year: 1957

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Feb.12,1910

9. AGE (In years last birthday): 47 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): Highland Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Gustave Reichert

13b. MOTHER'S MAIDEN NAME: Flora Fricker

14. NAME OF HUSBAND OR WIFE: Alfred Siever

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Alfred Siever Address: Highland Illinois

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) KRUTENBERG TUMOR LEFT OVARY WITH DIFFUSE METASTASES OF PERITONEL CAVITY — INTERVAL BETWEEN ONSET AND DEATH: UNK
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 175X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8/17/57, to 11/29/57 and last saw her/him alive on 11/29/57
Death occurred at 11:00 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Henry T Cooper MD

22b. ADDRESS: 818 OLIVE ST

22c. DATE SIGNED: 11-30-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 12-2-57

23c. NAME OF CEMETERY OR CREMATORY: St.Joseph

23d. LOCATION (City, town, or county) (State): Highland Illinois

24. FUNERAL DIRECTOR: Albert H.Hoppe ADDRESS: 4700 Washington

25. DATE RECD. BY LOCAL REG.: DEC 2 57

26. REGISTRAR'S SIGNATURE: J Carl Smith MD
M&B

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. 3653

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.