

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019628
State File No.

FILED JUN 4 1959

Registrar's No. 2 4923

BIRTH NO. _____		REG. DIST. NO. _____	PRIMARY REG. DIST. NO. _____	Registrar's No. 2 4923
1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY JEFFERSON		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN ST. LOUIS Mo		c. CITY OR TOWN RURAL	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (in this place) 15 DAYS		STREET ADDRESS (If rural, give location) NPAR IMPERIAL Mo.		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ANTHONY'S HOSPITAL				
3. NAME OF DECEASED (Type or Print) a. (First) PETER b. (Middle) DEAN c. (Last) SIEMS			4. DATE OF DEATH (Month) (Day) (Year) MAY 19 1959	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH MAY 4. 1959	9. AGE (In years last birthday) 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME ALBERT SIEMS		13b. MOTHER'S MAIDEN NAME RUBY KINYON		14. NAME OF HUSBAND OR WIFE SINGLE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ALBERT SIEMS IMPERIAL 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Patent foramen ovale with dilatation of right side of heart and edema of lungs 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.		INTERVAL BETWEEN ONSET AND DEATH 15 days
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 7543		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from May 4, 1959 to May 19, 1959 , that I last saw the deceased alive on May 19, 1959 and that death occurred at 10:45 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) George A. O'Sullivan, M.D.		23b. ADDRESS 7629 Gray Ave		23c. DATE SIGNED 5-20-59
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE MAY 21. 59		24c. NAME OF CEMETERY OR CREMATORY MT. HOPE Cem.
24d. LOCATION (City, town, or county) (State) ST. LOUIS Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE HEILIGTAG - IMPERIAL Mo.		
DATE REC'D BY LOCAL REG. MAY 20 '59		REGISTRAR'S SIGNATURE Paul Smith, M.D.		ADDRESS _____

(Licensed Embalmer's Statement on Reverse Side)

219B

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

No. 300

10.48

4

5

50.00

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 W. E. Enbalmer, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arthur W. Heiligton
Licensed Embalmer No. 387

P. O. Address Imperial

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.