

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

15283 45046

1. PLACE OF DEATH.

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City Sioux (No. 3719 Dakota)

File No.....
Registered No. **4213**
St. Ward)

2. FULL NAME

(a) Residence. No. 3719 Dakota St. 5 Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Siederichsen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 23 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 | 1 | 22

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Janitor
(b) General nature of industry, business, or establishment in which employed (or employer) Cleveland High School
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

10. NAME OF FATHER Maximilian

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) do

12. MAIDEN NAME OF MOTHER do

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) do

14. INFORMANT Mrs E Siederichsen (Address) 3719 Dakota

15. FILED APR 17 1926 Max C Stankoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-15-1928

17. I HEREBY CERTIFY That I attended deceased from April 15th 1928, to April 15th 1928 that I last saw him alive on April 15th 1928 and that death occurred, on the date stated above, at 9:20 AM

THE CAUSE OF DEATH WAS AS FOLLOWS:
gangraena of the left foot

CONTRIBUTORY (SECONDARY) arteriosclerosis

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 910

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Dr Robert Preider M. D.
April 19 1928 (Address) 1022 Seyeran

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peters DATE OF BURIAL 4/18-1928

20. UNDERTAKER A Ellis Sr & O Schmar ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

