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

Do not use this space.

12315

1. PLACE OF DEATH

County ..... Registration District No. 791 1003

Township ..... Primary Registration District No. .....

City St Louis (No. 1901 College St. ..... Ward)

File No. ..... Registered No. 2832

2. FULL NAME Theresia Siemer

(a) Residence. No. 1901 College St., 9 Ward.
(Usual place of abode) (If nonresident give city or town and State)

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 Female

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 Michael Siemer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 16-1874

7. AGE Years 54 Months 7 Days 10 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

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9. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

1

PARENTS

10. NAME OF FATHER Wm Austermann

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

31

12. MAIDEN NAME OF MOTHER Elizabeth Frage

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

2

14. INFORMANT Michael Siemer (Address) 1901a College Av

15. FILED ..... 1929 Max C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 2nd 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1928, to March 2nd 1929 that I last saw her alive on March 29 1929 and that death occurred, on the date stated above, at 6:30 AM

THE CAUSE OF DEATH* WAS AS FOLLOWS:

95D

Rheumatic Arthritis

Chronic

(duration) yrs. 2 mos. 10 ds.

acute Endocarditis and

CONTRIBUTORY (SECONDARY) Hypertrophy of the Heart

(duration) yrs. mos. 16 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Diagnosis

(Signed) George Henry Kuper, M. D

March 4th 1929 (Address) 5222 N 20th St

*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 Calvary Cemetery

DATE OF BURIAL Mch 6 1929

20. UNDERTAKER Stuart Carroll

ADDRESS 4600 Natl Bldg

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD