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

Do not use this space.

2613

1930

**1. PLACE OF DEATH**

County St. Louis — Registration District No. 1170 — File No.

Township — Primary Registration District No. 6248 N — Registered No. 6

City Richmond Ht Mo (No. St. Marys Hospital St. Ward)

**2. FULL NAME** Siebert Louise Mrs.

(a) Residence. No. 3509 Juniata St., Ward. St Louis Mo
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Widowed |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Filex Siebert

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb, I7; I875

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 64 | I0 | 25 | |

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

9. BIRTHPLACE (CITY OR TOWN) Chester
(STATE OR COUNTRY) Ill

PARENTS

10. NAME OF FATHER Lampher

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Edgar a Siebert
(Address) 3509 Juniata St.

15. FILED 1/13 1930 C B Jensen
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 12 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 2 - 1930, to Jan. 12, 1930, that I last saw her alive on Jan. 12, 1930, and that death occurred, on the date stated above, at 11:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

71A
111B Pernicious Anemia
(duration) 3 yrs. (?) mos. ds.

CONTRIBUTORY (SECONDARY) Terminal Pneumonia
(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH? 3509 Juniata St
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
(Signed) Louis Rassieur, M. D
Jan. 13, 1930 (Address) 318 University Club Bldg

*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: Ste, Genevieve Mo
DATE OF BURIAL: Jan, ~~30~~ 15 1930

20. UNDERTAKER: Basler Und.
ADDRESS: Ste, Genevieve Mo.

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.

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