

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

Do not use this space.

13093

7

File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH
County Jefferson Registration District No. 423
Township Rock Primary Registration District No. 5578
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Murdell Siehl
(a) Residence, No. _____ St. _____ 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

MEDICAL CERTIFICATE OF DEATH

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 Katharine Siehl

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 15 - 1845

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>84</u>	<u>4</u>	<u>18</u>	

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 13 1930

17. I HEREBY CERTIFY, That I attended deceased from April 7 1930 to April 13 1930 that I last saw him alive on April 7 1930, and that death occurred, on the date stated above, at 7:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

arterio-sclerosis

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

18. OTHER DISEASE CONTRACTED Ague (duration) 1 yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

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

18. WHERE WAS DISEASE CONTRACTED Home
NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Alcohol
(Signed) W. B. Dalton, M. D.
, 19 _____ (Address) Fenton Mo

PARENTS

10. NAME OF FATHER Adam Siehl

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

12. MAIDEN NAME OF MOTHER Not Known

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

*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.

14. Frank A. Siehl
INFORMANT (Address) Kummersiek No. 1

15. FILED 4/14 1930 H. W. Ebel
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Martin's High Ridge DATE OF BURIAL April 15 1930

20. UNDERTAKER J. Koch ADDRESS Fenton 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.

MAY 26 1930

