

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAR 27 1931

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

Do not use this space.

6874

1. PLACE OF DEATH
 915 County St. Louis Registration District No. 785
 Township Bonhomme Primary Registration District No. 6031
 City Meacham Park - Mo. (No. Meacham Park - Mo.) St. _____ Ward _____

2. FULL NAME Mary Siekinger
 (a) Residence No. Meacham Park St. _____ Ward _____ (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.

File No. _____
 Registered No. 52
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John C. Siekinger</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March - 12 - 1848</u>		
7. AGE	YEARS	MONTHS
	<u>82</u>	<u>11</u>
		<u>11</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>235</u> (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
PARENTS	10. NAME OF FATHER <u>John Thumell</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know 31</u>	
	12. MAIDEN NAME OF MOTHER <u>Don't know</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
14. INFORMANT <u>John C. Siekinger</u> (Address) <u>Kirkwood, Mo. R.D. 12</u>		
15. FILED <u>Mr 31</u> <u>C. E. Barnes</u> REGISTRAR		

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 12 1931

17. I HEREBY CERTIFY, That I attended deceased from 2-8 1931 to 2-12 1931 that I last saw him alive on 2-12 1931 and that death occurred, on the date stated above, at 4:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
100 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) 100 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) C. E. Barnes M. D.
12 1931 (Address) 204 1/2 West 12th Kirkwood

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Hill Cemetery DATE OF BURIAL Feb 15 1931

20. UNDERTAKER Louis H. Bopp ADDRESS Kirkwood, Mo.

