

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

Do not use this space.

29452

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1013**
 City **St. Louis Mo.** (No. **2514 N. 9th St.**)

File No.
 Registered No. **8459** (Ward)

2. FULL NAME

Jacob Siedhoff
 (a) Residence, No. **2514 N. 9th St.** St. **26** Ward.

(If nonresident, give city or town and State)

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

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 **Anna Siedhoff**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 16 - 1879**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 9 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Produce Business**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

FATHER 13. NAME **John Siedhoff**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Not known**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Anna Siedhoff**
 (ADDRESS) **2514 N. 9th St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Oak Grove** DATE **Aug 6** 19 **31**

19. UNDERTAKER **W. J. Leidner and Co.**
 (ADDRESS) **1417 N. Market St.**

20. FILED **116-51** 19 **31**
 Registrar

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 3rd** 19 **31**
 22. I HEREBY CERTIFY, That I attended deceased from **Aug 1st** 19**31**, to **Aug 2nd** 19**31**.
 I last saw him alive on **Aug 3rd** 19**31**. Death is said to have occurred on the date stated above, at **5⁴⁵ P. M.**
 The principal cause of death and related causes of importance were as follows:

Gastric Ulcer
117A 117A
103B 117A
 Other contributory causes of importance:
Haemorrhage

Date of onset
Mar 1931

Name of operation Date of
 What test confirmed diagnosis? **Laboratory** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **no**
 If so, specify
 (Signed) **Goldburn H. Wilson**, M. D.
 (Address) **4405 N. Starbuck Ave.**

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.

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

