

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

Do not use this space.

0  
3174  
File No. ....  
Registered No. 945  
St. .... Ward

**1. PLACE OF DEATH**

County ..... Registration District No. 1015  
Township ..... Primary Registration District No. ....  
City ..... (No. 5571, Wells Arc)

**2. FULL NAME**

Catherine Sieminski  
(a) Residence, No. 5571 Wells Arc St., 6 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.

**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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Julius C. Sieminski</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-1-1862</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>9</u>
	DAYS <u>25</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	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) <u>E. St. Louis Ill 2</u>		
MOTHER	13. NAME <u>Daniel Hogan</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland 15</u>	
	15. MAIDEN NAME <u>Catherine Prendergast</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
	17. INFORMANT <u>Sarah McWilliams</u> (ADDRESS) <u>5571 Wells Arc</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cathary</u> DATE <u>1-29</u> 19 <u>32</u>		
19. UNDERTAKER <u>H. A. Stork and Co</u> (ADDRESS) <u>2117 N. Grand</u>		
20. FILED <u>21</u> 19 <u>32</u> <u>W. C. Starck</u> Registrar.		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1932 to Jan 26 1932  
I last saw her alive on Jan 28 1932 Death is said to have occurred on the date stated above, at 6:25 p.m.  
The principal cause of death and related causes of importance were as follows:  
cerebral hemorrhage Date of onset June 6-32  
131  
828/3/1  
chronic nephritis 2

Other contributory causes of importance:  
chronic nephritis

Name of operation None Date of .....  
What test confirmed diagnosis? none 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 Wm R. Overman, M. D.  
(Signed) Wm R. Overman, M. D.  
(Address) 1943 211th St St Louis 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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