

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

Do not use this space.

14634

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 791
City St. Louis, Mo. (No. St. Louis Nat. Hopt.)

File No.
Registered No. 4023
St. Ward)

2. FULL NAME Infant Siemer

(a) Residence, No. 2010 G. Warner Ave St. 9 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-7-1932

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

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-5-32

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 8:30 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. sup 2

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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.....

Date of onset

Prematurity
15 1/2
Other contributory causes of importance: 5

12. BIRTHPLACE (CITY OR TOWN) St. Louis Mo (STATE OR COUNTRY) 1

Name of operation..... Date of.....

13. NAME John Siemer

What test confirmed diagnosis?..... Was there an autopsy?.....

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

15. MAIDEN NAME Myrtle Repls

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

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

Where did injury occur?..... (Specify city or town, county, and State)

17. INFORMANT John Siemer (ADDRESS) 12010 G. Warner

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury..... Nature of injury.....

PLACE Assigned as DATE 4-7- 1932

19. UNDERTAKER Specimen to Washington Univ (ADDRESS) Med. School

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

20. FILED Apr 25 1932

(Signed) H. H. Klein M. D.
(Address) 630 S. Kingshighway

Registrar.

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.

