

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **701**  
 Township..... Primary Registration District No. **1003**  
 City..... **St. Louis** (No. **4515 Maryland**)

**17818**  
 File No. ....  
 Registered No. **4002**  
 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. .... St. **12** Ward.  
 (Usual place of abode)  
 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>November 1859</i>		
7. AGE YEARS <i>abt 74</i>	MONTHS <i>-</i>	DAYS <i>-</i>
		If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>at Home</i>		
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

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis</i>
	13. NAME <i>Wm Siemens</i>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>
	15. MAIDEN NAME <i>Walt Hesse</i>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>U.S.</i>

17. INFORMANT *Agnes Siemens*  
 (ADDRESS) *4515 Maryland*

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE *Calvary* DATE *May 4* 19*33*

19. UNDERTAKER *Arthur J. Donnelly*  
 (ADDRESS) *2220 Olive St*

20. FILED *May - 3 1933* *F. S. Reddek*  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 1st* 19*33*  
 22. I HEREBY CERTIFY, That I attended deceased from *Jan 24* 19*33* to *May 1st* 19*33*  
 I last saw *her* alive on *May 1st* 19*33*. Death is said to have occurred on the date stated above, at *7:45 P.M.*

The principal cause of death and related causes of importance were as follows:  
*Myocarditis Chronic*  
*93C*  
*93C*  
 Other contributory causes of importance:

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....  
 If so, specify .....  
 (Signed) *Waldolph P. Schubert* M. D.  
 (Address) *Humboldt Bldg.*

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.

Humboldt Bay

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