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

Do not use this space.

24395

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1123 File No.

Township Carondelet Primary Registration District No. 6248 G Registered No. 842

City (No. Sunset Country Club Grounds St. Ward)

2. FULL NAME Caroline Siebel

(a) Residence, No. Sunset Country Club Grounds St., Ward.
(Usual place of abode) (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.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17th, 1841

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	92	3	7	

OCCUPATION

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

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) Germany 10

FATHER

13. NAME John Witte

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER

15. MAIDEN NAME Henrietta Boeker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

17. INFORMANT Mrs Eberhard Anheuser
(ADDRESS) Sappington, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters DATE July 27 1933

19. UNDERTAKER Welch Bros
(ADDRESS) 2201 S. Grand Boulevard

20. FILED July 27 1933
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25th 1933

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1933, to July 25, 1933

I last saw her alive on July 25, 1933. Death is said to have occurred on the date stated above, at 2:00 m. P.M.

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

	Date of onset
Pneumonia Bronchial	7/20/33
131	
93C	
107A	

131

Other contributory causes of importance:
Myocardial Chronic
Nephritis Chronic parenchymatous
Arteriosclerosis

Name of operation Kocher prostatectomy Date of 6/17/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury 4/17, 1933

Where did injury occur? Auditorium Hotel Jefferson Hotel
(Specify city or town, county and State)

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

Manner of injury Fell from chair

Nature of injury Fractured R Femur Sup. Illinois

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify X

(Signed) Tom S. Brooks, M. D.

(Address) 1476 S Boul