

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

Do not use this space.

25038

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 10023
City St Louis (No. 4532, Area Ans)

File No.
Registered No. 6455
St. Ward)

2. FULL NAME

(a) Residence, No. 4532 Ans ans St. 19 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>Male</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marie a Siebel</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 16, 1861</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>21</u> | <u>7</u> |
| | | 8. DAYS or hrs. or min. |
| | | <u>8</u> |

| | |
|------------|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>gardener</u> |
| | 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

MOTHER FATHER 13. NAME Philip Siebel

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT Mrs Marie a Siebel
(ADDRESS) 4532 Ans ans

18. BURIAL, CREMATION, OR REMOVAL PLACE Wm Hebanow DATE 7-27 19 33

19. UNDERTAKER Fringshauser Mortuary
(ADDRESS) 4228 So Fringshauser

20. FILED 1933 J F Siebeck
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1933, to 7-24, 1933

I last saw him alive on 7-24, 1933 Death is said

to have occurred on the date stated above, at 3:00 p.m.

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

Carcinoma of bladder Date of onset 1932

Other contributory causes of importance: 51B, 53A, 155A, 182B 51

uremia 7 days

23. Name of operation Cystotomy Date of 12-25-32
What test confirmed diagnosis uremia 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) A. H. Wittiker, M. D.
(Address) 4928 Shaw

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

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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