

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.

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

DEC 20 1935

Do not use this space.

37270

1. PLACE OF DEATH

County St. Louis

Registration District No. 790

Township Central

Primary Registration District No. 60332

City St. Louis

(No. St. Louis County Hosp St. _____ Ward _____)

File No. _____

Registered No. 342

2. FULL NAME Annisie Sieber

(a) Residence, No. Valley Park, Mo. 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Robert Sieber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

5/18/35

7. AGE

YEARS 46

MONTHS

6

DAYS

8

If LESS than 1 day, hrs. or min.

OCCUPATION

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

House Wife

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)

Bill, Mo.

FATHER

13. NAME Jack Shockley

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

Missouri

MOTHER

15. MAIDEN NAME Mary Stump

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

Missouri

17. INFORMANT (ADDRESS)

Robert Sieber

Valley Park, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

St. Lucas

11/29/35

19. UNDERTAKER (ADDRESS)

Kenneth W. Koch

Fenton, Mo.

20. FILED

Nov 27 1935

Bill J. Signorilli

Registrar.

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

November 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from

November 23, 1935, to November 26, 1935

I last saw h.e.r. alive on November 26, 1935 Death is said to have occurred on the date stated above, at 7:05 p.m.

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

Date of onset

Chronic Premature

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Other contributory causes of importance:

Chronic Myocarditis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) Wm. H. Weber, M. D.

(Address) St. Louis County Hosp. Clayton Mo.

