NOV 4 1936

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

Do not use this space.

39312

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 39336

Township ..... Primary Registration District No. 1003 Registered No. 10347

City St. Louis, Mo. (No. De Paul Hospital St. ..... Ward)

2. FULL NAME Michael John Siemer

(a) Residence, No. 4429 Richard Place St., 7 Ward. (If nonresident, give city or town and State)
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb., 9th., 1924

7. AGE: YEARS 12 MONTHS 8 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Going to School
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) St. Louis, Mo.

FATHER

13. NAME Michael John Siemer Sr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER

15. MAIDEN NAME Clara Dierker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Michael John Siemer 4429 Richard Place

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Oct., 17th 1936

19. UNDERTAKER (ADDRESS) Stroot & Carroll Und. Co. 4600 Natural Bridge Ave.

20. FILED OCT 15 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. wed., 14th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10th, 1936, to Oct 14th, 1936

I last saw him alive on Oct 14th, 1936. Death is said to have occurred on the date stated above, at 11.30 A.m.

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

Abscess right lung following ruptured appendix (non-T.B. - non-traumatic) — Date of onset 3 weeks

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Other contributory causes of importance: Ruptured appendix — 8 weeks
General peritonitis

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

What test confirmed diagnosis? Operation & Hig 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) Arthur Sendlach, M. D.

(Address) 2202 Wheeler St

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.