

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**

Do not use this space.

**1. PLACE OF DEATH**

County Wage Registration District No. 639  
 Township Benton Primary Registration District No. 5848  
 City \_\_\_\_\_ (No. 21) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 2477  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Anna Maria Louise Siebern

(a) Residence, No. \_\_\_\_\_ 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. 40 mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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 John R. Siebern

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-19-1874

7. AGE YEARS 63 MONTHS 0 DAYS 12 If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Berger, Mo.

13. NAME Fritz Schowengerdt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren County, Mo.

15. MAIDEN NAME Melhomena Kallmeyer

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

17. INFORMANT (ADDRESS) John F. Siebern Chamois, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chamois, No. Evans Anteb. Feb 3 1937

19. UNDERTAKER (ADDRESS) Wm. F. Stockrich Chamois, Mo.

20. FILED Feb 2 1937 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1937, to Jan 31 1937. I last saw him alive on Jan 30 1937. Death is said to have occurred on the date stated above, at 6 P.M.

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

Labor Pneumonia

Date of onset \_\_\_\_\_

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 W. F. Stockrich (Signed) \_\_\_\_\_ M. D. (Address) Chamois, Mo.

Handwritten text, possibly a date or reference number, including the number 20.

Handwritten text, possibly a signature or name, located in the bottom right corner.