

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

Do not use this space.

FEB 8 1937
791
LUTHERAN HOSPITAL 1003

File No. **4042**
Registered No. **1085**

1. PLACE OF DEATH
 County.....
 Township.....
 City..... **ST. LOUIS** (No. **LUTHERAN HOSPITAL**)
 Registration District No. **791**
 Primary Registration District No. **1003**
 St. Ward

2. FULL NAME **HELEN SIEMERS**
 (a) Residence, No. **3863 BUSTINE** St. **16** Ward **1**
 (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

3. SEX **FEMALE** 4. COLOR OR RACE **WHITE** 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) **MARCH 8 1908**

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
28	10	16	

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. **NURSE 219**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **LUTHERAN HOSPITAL**

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) **CAPE GIRARDEAU MO**

FATHER 13. NAME **ROBERT SIEMERS**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **CAPE GIRARDEAU MO**

MOTHER 15. MAIDEN NAME **ALMA MEYER**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **CAPE GIRARDEAU MO**

17. INFORMANT **Mrs S. Wilson** (ADDRESS) **3863 Bustine Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Cape Girardeau MO** DATE **Jan 25 1937**

19. UNDERTAKER **Bidenwin funeral Home** (ADDRESS) **1936 St. Louis Ave.**

20. FILED **JAN 25 1937** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 24th 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 17th 1937**, to **Jan. 24th 1937**. I last saw him alive on **Jan 24th 1937**. Death is said to have occurred on the date stated above, at **10 A.m.**

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

Lobar Pneumonia (Atypical) Date of onset **Jan 19th 1937**

Other contributory causes of importance: **Grippe** **Jan 17-37**

Name of operation..... Date of.....
 What test confirmed diagnosis? **Wint** 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) **C. E. Spindel** M. D.
 (Address) **3651 Grand St. Sg.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE AND CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

