JUL 8 - 1937

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

Do not use this space.

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 22579

Township ..... Primary Registration District No. ..... Registered No. 6331

City St. Louis (No. ....., 4416 Penrose St. ..... Ward)

2. FULL NAME Charles Frederick Siekmann

(a) Residence, No. 4416 Penrose St., St., 10 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25 1896

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
40	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo. Boiler Works

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) Illinois

FATHER

13. NAME William Siekman

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

MOTHER

15. MAIDEN NAME Martha Moffatt

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

17. INFORMANT (ADDRESS) Anabell Siekmann 4416 Penrose, St. Louis

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cemetery DATE July 1, 1937

19. UNDERTAKER (ADDRESS) Provost Undertaking Co. 3710 N. Grand, St. Louis

20. FILED JUN 29 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1934, to June 28, 1937

I last saw him alive on June 18, 1937. Death is said to have occurred on the date stated above, at 5/30 A.M.

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

Chronic Myocarditis
Hypertension

Date of onset

Other contributory causes of importance:

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? No

If so, specify .....

(Signed) D. L. Twedell, M. D.

(Address) 4143a N. New Stead

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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