NOV 23 1937

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

Do not use this space.

1. PLACE OF DEATH
County St Charles — Registration District No. 760 B — File No. 38645
Township Dardenne — Primary Registration District No. 6001 — Registered No. 33
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Charles H. Siedentop.
(a) Residence, No. Hamburg St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 69 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 X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13, 1868

7. AGE — YEARS 69 — MONTHS 6 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm hand
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) Weldon Springs Mo

FATHER
13. NAME Siedentop
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Buckshot
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Carrie Wittant Hamburg Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Weldon Springs Mo. DATE Oct 12, 1937

19. UNDERTAKER (ADDRESS) E A Keithly Ballon Mo.

20. FILED Oct 11, 1937 E A Keithly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-9-37, 19

22. I HEREBY CERTIFY, That I attended deceased from Held Inquest. 10-9-37, 19 to ....., 19

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3 P m.

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

	Date of onset
Fracture 1st Cervical Vertebrae. (Broken neck)	

Other contributory causes of importance:

Fall from ladder. 186a

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Physical Exam

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 10-9-37, 19
Where did injury occur? near Hamburg Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On Farm.
Manner of injury Fell from ladder.
Nature of injury Broken neck.

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify Picking Apples.
(Signed) John H Buse
(Address) Coroner. St. Charles. Co. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.