

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH16406  
Do not use this space.

## 1. PLACE OF DEATH

- (a) County.....  
 (b) Township.....  
 (c) City St. Louis, Mo. (d) Street No. 823 Cano Ave. St. 9  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 791Primary Registration District No. 1003Registered No. 42672. PRINT FULL NAME Caroline Siegrist

- (a) Residence, No. 823 Cano Ave. St. 9  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19th, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 0 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
 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) Germany13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Harry Siegrist (Son)  
(ADDRESS) 1904 Linton

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Bethany Cemetery DATE 5/18/3819. FUNERAL DIRECTOR Kraeger-Voss-Fix, Inc.  
(ADDRESS) 3402 N. Kingshighway20. DATE MAY 9 1938Local Registrar. J. B. Bridick

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1938 to May 8, 1938.  
 I last saw him alive on May 8, 1938. Death is said to have occurred on the date stated above, at 11:35 a.m.

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

Cerebral thrombosis  
Right side

Date of onset

Other contributory causes of importance:

hypostatic  
lobar pneumonia

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

What test confirmed diagnosis clinical. Was there an autopsy? no23. 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) J. E. Harrison, M. D.(Address) 4005 W. Flammant

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.

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed *Robert T. L. Lippert*

Licensed Embalmer No. *2971*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**