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

30792
Do not use this space.

REC'D OCT 12 1938

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003 791

(b) Township ..... Primary Registration District No. ..... Registered No. 8229

(c) City St. Louis (d) Street No. 5861 Cates Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(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.

2. PRINT FULL NAME Clarence S. Sies

(a) Residence, No. 4920 Margaretta Ave. St. 7
(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: Male
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: Pearl B. Sies

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 1, 1878

7. AGE: YEARS 60 | MONTHS 2 | DAYS 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Asst. Sales Mgr.
9. Industry or business in which work was done, as saw mill, bank, etc.: Wholesale Hdw.
10. Date deceased last worked at this occupation (month and year): 1934
11. Total time (years) spent in this occupation: 25 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Oxford, Iowa 1

FATHER
13. NAME: Frederick Sies 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 1

MOTHER
15. MAIDEN NAME: Amelia Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

17. INFORMANT (ADDRESS): Mrs. Pearl B. Sies, 4920 Margaretta Ave.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Oxford, Iowa DATE Sept. 19, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Wm. M Schumacher, 4834 Natural Bridge

20. FILED SEP 19 1938 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 18, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-17, 1938, to 9-18, 1938.
I last saw him alive on Sept. 12, 1938. 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:

Carcinoma of Left Antrum — Date of onset 1937

Other contributory causes of importance: —

Name of operation: Excision of Carcinoma, L. Antrum Date of May 5, 1938
What test confirmed diagnosis? Biopsy 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) E. L. Keyes, M. D.
(Address) 400 Metropolitan Building

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, John Ketter, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed John Ketter

Licensed Embalmer No. 3880

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.