DEC'D DEC 12 1938

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

Do not use this space. 37549

1. PLACE OF DEATH

(a) County ..... 2 Registration District No. 791

(b) Township ..... 1 Primary Registration District No. 1003 Registered No. 9876

(c) City St. Louis (d) Street No. 4452a Bircher Bldv. 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 562 Dora Siemers

(a) Residence, No. 4452a Bircher Bldv. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11, 1888

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
50	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as 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) St. Louis (STATE OR COUNTRY) Mo.

FATHER

13. NAME George Siemers

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

MOTHER

15. MAIDEN NAME Dora Beckman

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

17. INFORMANT Miss Kate Siemers (ADDRESS) 4452a Bircher Bldv

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE Nov. 17, 1938

19. FUNERAL DIRECTOR Math. Hermann & Son (ADDRESS) 2161 East Fair Avenue

20. FILED NOV 1 9 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-7-38, 19..., to 11-14-38, 19...

I last saw h~~er~~ alive on 11-14-38, 19... Death is said to have occurred on the date stated above, at 3:00 P. M.

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

	Date of onset
Lymphosarcoma	
with metastases	
Primary seat unknown	
Probably originated in glands	
of neck	

Other contributory causes of importance:

Bronchopneumonia

Name of operation Biopsy Date of 3/12/38

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) Theo H. Hauser, M. D.

(Address) 3651 Gravois Ave.

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PAPER, WITH CARBON, MAKES THIS A PERMANENT RECORD

1 X12004

STATEMENT BY LICENSED EMBALMER

I, William G. Buchholz, Licensed Embalmer No. 2110

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

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed William G. Buchholz

Licensed Embalmer No. 2110

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.)