MAR 9 1939

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

7829
Do not use this space.

1. PLACE OF DEATH
(a) County St Louis
Registration District No. 784
(b) Township
Primary Registration District No. 111
Registered No. 391
(c) or City Richmond Heights
(d) Street No. St Mary's Hospital 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 560 Martha Siemer
(a) Residence, No. 4170 Farlin Ave St.
(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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 5th 1900
7. AGE: YEARS 38 | MONTHS 2 | DAYS 25 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Secretary
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) (STATE OR COUNTRY): St Louis Missouri

FATHER
13. NAME: Henry Siemer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Missouri

MOTHER
15. MAIDEN NAME: Elizabeth Schlueppmann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Missouri

17. INFORMANT (ADDRESS): Henry Siemer 4170 Farlin Ave
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE March 6, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Stroot - Carroll 4600 Natural Bridge Ave
20. FILED MAR 4 1939 E R Meyer M D D P H
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 2nd 39
22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1939 to Mar 2, 1939
I last saw her alive on Mar 2, 1939 Death is said to have occurred on the date stated above, at 4.30p
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza Pneumonia	
Broncho Pn type	

Other contributory causes of importance:

Name of operation ..... Date of .....
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? no
If so, specify .....
(Signed) Jos J Kessler, M. D.
(Address) 3504 N 14th St.

(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.

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed F H Strooty

Licensed Embalmer No. 2264

P. O. Address.....

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

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