

AB 67 1939

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

24839
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Law Primary Registration District No. 100
(c) City W.C. Mo (d) Street No. Research Bldg. Registered No. 3052 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

Bessie L. Siepel
(a) Residence, No. 3804 Benton St. (If nonresident, give city or town and State)
(Usual place of abode; if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Fl</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Lesler Siepel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 4 - 1885</u>		
7. AGE YEARS <u>5-1</u>	MONTHS <u>9</u>	DAYS <u>12</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housework</u>		
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) <u>Ill</u>		
13. NAME <u>J. G. Woodridge</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pa</u>		
15. MAIDEN NAME <u>Anna M. Hunt</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>		
17. INFORMANT (ADDRESS) <u>Mr Lesler Siepel 3804 Benton Blvd</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wt Wash An</u> DATE <u>July 31 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Port of Anderson W.C. Mo</u>		
20. FILED <u>July 29 1939</u> <u>M.M. Brown</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29 1939

22. I HEREBY CERTIFY That attended deceased from June 28 1939 to July 29 1939
I last saw her alive on July 29 1939. Death is said to have occurred on the date stated above, at 2 P.M.
The principal cause of death and related causes of importance were as follows:
myocardial insufficiency
coronary occlusion
Date of onset

Other contributory causes of importance:
Toxic Quinine 66A

Name of operation Myrioidectomy Date of July 29 1939
What test confirmed diagnosis? 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?
If so, specify
(Signed) J. M. Montgomery M. D.
(Address) Professor Bldg

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.

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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 Vin Laurson

Registered Apprentice No. 1819, working under my personal supervision.

Signed John B. Camp
Licensed Embalmer No. 295-5-
P. O. Address T. C. Med

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.)

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