CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. 9 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30213

Registration District No. 1938 84 (AFTER SEP 6 1939)

Primary Registration District No. 200

Registrar's No. 1416

1. PLACE OF DEATH:

(a) County: St Louis

(b) City or town: Overland (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2322 Wengler (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community: 30 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St Louis

(c) City or town: Overland (If outside city or town limits, write "RURAL")

(d) Street No.: 2322 Wengler (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Sadie Ellen Siegler

3. (b) If veteran, name war: ////////

3. (c) Social Security No.: ////////

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: William Siegler

6. (c) Age of husband or wife if alive: 84 Yrs years

7. Birth date of deceased: June 30 1865 (Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 7 If less than one day hr. min.

9. Birthplace: St Louis Mo (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Own home

FATHER
12. Name: Nicholas Weber
13. Birthplace: Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary McCauley
15. Birthplace: U S A (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Riley Smith

(b) Address: 2322 Wengler Overland Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 10 1939 (Month) (Day) (Year)

(c) Place: burial or cremation: Fee Fee Cemetery

18. (a) Signature of funeral director: Ortmann Funeral Home

(b) Address: 9223 Jackland Overland Mo

19. (a) AUG 9 1939 (Date received local registrar) (b) T R Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7 year 1939 hour 8:20 P M minute M.

21. I hereby certify that I attended the deceased from July 13, 1939 to Aug. 7, 1939 that I last saw her alive on Aug. 7, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiovascular nephritis	10 yrs 7-1-39
Due to: Heart Disease	
Due to:	
Other conditions (Include pregnancy within 3 months of death): None	

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): —

(b) Date of occurrence: —

(c) Where did injury occur? (City or town) — (County) — (State) —

(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

While at work? (Specify type of place) (e) Means of injury —

23. Signature: T R Shirley (M. D. or other)

Address: 2317 Woodson Date signed 8-7-39

(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, or by.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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