

1. PLACE OF DEATH: St. Louis  
 (a) County \_\_\_\_\_  
 (b) City or town Richmond Heights  
 (c) Name of hospital or institution: St. Mary's Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 month  
 In this community born here (Specify whether years, months or days)

8. (a) PRINT FULL NAME Monsignor Otto T. Siesener  
 3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive \_\_\_\_\_ year  
 7. Birth date of deceased February 13, 1971  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 0 12 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Pastor

11. Industry or business St. Agatha Parish

MOTHER FATHER  
 { 12. Name Henry Siesener  
 18. Birthplace Germany  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Helen Dierken  
 15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Rev. G. J. Sommer  
 (b) Address 3239 South Ninth Street

17. (a) Burial (b) Date thereof Feb. 28, 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wm. J. Robert & W. Co.  
 (b) Address 1905 So. Grand Blvd.

19. (a) FEB 27 1941 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3239 South Ninth Street  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25  
 year 1941 hour 2 minute 30 A.M.  
 21. I hereby certify that I attended the deceased from Jan 24/41  
 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him alive on 2/24/41, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Rectum Duration 1 yr  
Heart Failure  
 Due to \_\_\_\_\_  
 Due to H&D

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Cancer of Rectum  
 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 [Signature] (M. D. or other) \_\_\_\_\_  
 Address Mo. State Bldg Date signed 2/27/41

WHILE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

*John Hetter*

Licensed Embalmer No. 3880

P. O. Address.....

**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.**