

STANDARD CERTIFICATE OF DEATH

JUL 11 1944

Registration District No. 51743

Primary Registration District No. 265174B

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Jackson Mo. Wash.
(c) Name of hospital or institution:
Route # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Jackson
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 2
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME AMELIA SIEBERT.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Fred Siebert 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 7 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 5 If less than one day hr. _____ min. _____

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business: _____
MOTHER FATHER { 12. Name Friedrick Schalte
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Lena Felthaus
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. H. P. Cetz
(b) Address Jackson Mo.

17. (a) Burial (b) Date thereof June 8 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation United Lutheran Cemetery

18. (a) Signature of funeral director M & Combs & Fu Co.
(b) Address Jackson Mo.

19. (a) 6/7 (b) W. W. Ford
(Data received from) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 7
year 41 hour 4 minute 45 A.M.
21. I hereby certify that I attended the deceased from 5-28-41
_____, 19____, to 6-6-, 1941;
that I last saw her alive on 6-6-, 1941;
and that death occurred on the date and hour stated above.
Immediate cause of death Acute heart failure Duration _____

Due to following mild myocarditis

Due to Senility

Other conditions 936
(Include pregnancy within 3 months of death)

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? _____

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

23. Signature [Signature] (M. D. or other) _____
Address Jackson, Missouri Date signed 6-7-41

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.....

Licensed Embalmer No. *305-1*

P. O. Address *Jacksonville Fla*

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.