

04624

S. No. 2  
-1-4-41  
5-17-39

X28390

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
TILLED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **33134**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **8088**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
 (b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1811 South 13th St.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 7 Days  
(Specify whether  
 In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
 (c) City or town Saint Louis  
(If outside city or town limits, write "RURAL")  
1811 So. 13th, Street  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Bert Sieto

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Theresa Sieto 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased August 3rd, 1866  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>2</u>	<u>4</u>	_____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name ? Sieto

13. Birthplace Unknown Hungary  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Hungary  
(City, town, or county) (State or foreign country)

16. (a) Informant Theresa Bertha  
 (b) Address 4720 Addison, Chicago Illinois

17. (a) Burial (b) Date thereof October 10, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Ziegenhain Bros.  
 (b) Address 2823 Cherokee Street

19. (a) OCT 10 1941 (b) J. P. Bradeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7, year 1941 hour 5:45 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from July 9, 1941 to September 20, 1941

that I last saw him alive on September 20, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Arteriosclerosis

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
 Of autopsy None

Duration \_\_\_\_\_  
 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 L. O. Mulligan (M. D. or other) \_\_\_\_\_  
 Address 1515 Lafayette Ave. Date signed 10/8/41

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

Signed

*W E Morris*

Licensed Embalmer No.

*3360*

P. O. Address

*2623 Cherokee*

**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, fact should be so stated above.**