S. No. 2
M—1-4-41
. 5-17-39
I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 27 1942

Registration District No. 1991

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

13071

State File No. 3413

Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County N.R.

(c) City or town Webster Groves,
(If outside city or town limits, write "RURAL")

(d) Street No. 466 Foreston Place, W. G.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mr. August T. Siemens

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Caroline Siemens

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased August 11, 1868
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	8	3	hr. min.

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

10. Usual occupation Retired Printer

11. Industry or business Printery

FATHER
12. Name Theodore Siemens
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Christine Kineman
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Caroline Siemens
(b) Address 466 Foreston Place, Webster Gr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 17, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Beiderwieden F. H. Inc.
(b) Address 1936 St. Louis Avenue

19. (a) APR 16 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1942 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from April 4th 1942 to April-14-1942
that I last saw him alive on April-14- 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia. Nephritis, Chronic	
Due to Pericardial Effusion. Enlargement Prostate	
Due to	
Other conditions (Include pregnancy within 3 months of death) Cystitis chronic	
Major findings: Of operations Non T.B. Non Lonocyte Non Catarrh	
Of autopsy Nephritis. Hypert Prost Pericardial Effusion.	

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 H. G. GREDITZER (M. D. or other) M.D.
Address Mr. H. G. Greditzer Mo. Theatre Bldg Date signed 4/15/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. H. S. Creditzer
634 N. Grand

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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.....

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Co.

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.