

FILED MAY 18 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15579 /

State File No. \_\_\_\_\_

Registration District No. 784

Primary Registration District No. 104

Registrar's No. 1042

I. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Ferguson  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 10 yrs  
years, months or days

3. (a) PRINT FULL NAME Clyde Leslie Sieker

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 \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 10<sup>th</sup> 1942  
(Month) (Day) (Year)

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

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

10. Usual occupation \_\_\_\_\_

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

MOTHER, FATHER { 12. Name Walter Sieker  
13. Birthplace St. Louis (City, town, or county) (State or foreign country)  
14. Maiden name Leola Mathew  
15. Birthplace St. Louis (City, town, or county) (State or foreign country)  
18. (a) Informant Walter W. Sieker

(b) Address 831 Walter Ave. Ferguson, Mo

17. (a) Burial (b) Date thereof 5/11/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director L. S. White  
(b) Address 118 N. Florissant Rd. Ferguson

19. (a) MAY 11 1942 (b) S. H. McFarland  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Ferguson (If outside city or town limits, write "RURAL")  
(d) Street No. 831 Walters Dr (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10<sup>th</sup> year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from May 10, 1942 to May 10, 1942  
that I last saw him alive on May 10, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Cardiac insufficiency  
Premature Birth  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 159  
Of autopsy \_\_\_\_\_

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 W. A. Schumacher (M. D. or other) \_\_\_\_\_  
Address 8816<sup>th</sup> St. Charles Date May 10-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10-2-1954

**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 with the above constitutes grounds for revocation of license.)**

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