

FILED SEP 10 1942

318

STANDARD CERTIFICATE OF DEATH

26196

State File No.

Registration District No.

Primary Registration District No.

1003

Registrar's No.

7163

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

1. PLACE OF DEATH

(a) County St. Louis
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
In this community 7 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis 17
(c) City or town St. Louis 19
(If outside city or town limits, write "RURAL")
(d) Street No. 4174 Bergen ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME HERMAN SIEBENHA

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Siebenha 6. (c) Age of husband or wife if alive Dec 7 years

7. Birth date of deceased May 6 1857
(Month) (Day) (Year)

8. AGE: Years 87 Months 3 Days 20 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Flour mill

12. Name no Record

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

14. Maiden name no Record

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

16. (a) Informant Mrs. Fred Kren

(b) Address 4174 Bergen ave St. Louis, Mo

17. (a) St. Louis 19 (b) Date thereof aug 27 1942
(Special, anomalous, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation not known

18. (a) Signature of funeral director Brichler and Co

(b) Address 2218 State St. St. Louis 9

19. (a) AUG 27 1942 (b) J. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26 year 1942 hour 5 minute 50 a.m.

21. I hereby certify that I attended the deceased from Aug 20, 1942 to Aug 26, 1942 that I last saw him alive on Aug - 26, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Memoria

Due to Acute Respiratory Infection
Due to Progressive Respiratory Infection

Other conditions Hypertensive Heart
(Include pregnancy within 3 months of death)

Major findings: Strangulated Rt Inguinal Hernia
Of autopsy Above

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 W. J. Gallagher (M. D. or other) M.D.
Address 634 N. Grand Date signed 8-26-42

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 Me

Registered Apprentice No. _____

working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address E. St. Louis Ill.

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: