

FILED JAN 15 1943  
Registration District No. 184

Primary Registration District No. 200

Registrar's No. 2703

1. PLACE OF DEATH:  
 (a) County St. Louis County, Missouri  
 (b) City or town PINE LAWN  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
6825 Natural Bridge, /  
 (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 000  
 (c) City or town St. Louis, Missouri 17  
 (If outside city or town limits, write "RURAL") 9  
 (d) Street No. 8300 Minnesota Ave.,  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Anna Siems  
 3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased September 8, 1884  
 (Month) (Day) (Year)

8. AGE: Years 58 Months 3 Days 11 If less than one day  
 hr. min.

9. Birthplace St. Louis, Missouri 0  
 (City, town, or county) (State or foreign country)  
Housewife

10. Usual occupation At Home

11. Industry or business.....  
 12. Name Joseph Miller  
 13. Birthplace Germany 4  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Elizabeth Holman 4  
 (City, town, or county) (State or foreign country)  
 15. Birthplace Germany 4  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Arthur Siems  
 (b) Address 8300 Minnesota Ave.,  
Burial (b) Date thereof 12-22-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus  
Southern Funeral Home  
 18. (a) Signature of funeral director 6322 S. Grand Blvd.,  
 (b) Address

19. (a) DEC 22 1942 (Date of local registrar) (b) C. Y. McParlan (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month December day 19,  
 year 1942 hour 4 P.M. minute..... M.

21. I hereby certify that I attended the deceased from November  
30th, 1942, to Dec. 19th, 1942;  
 that I last saw her..... alive on..... 19.....;  
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Gastric Cancer. Duration.....  
Myo Carditis- Cancer Anemia and  
Toxemia. Inanition. Myo Cardial failure.

Due to.....  
Gastric Cancer. Patient at City Hospital.  
 Due to Diagnosed as incurable and transferred  
to Mother of Good Counsel Home. Exploration

Other conditions operation at City Hospital.  
 (Include pregnancy within 5 months of death)  
Died in Home of the Incurables.

Major findings:  
 Of operations History: see above. PHYSICIAN.....  
 Of autopsy no H68 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)..... no  
 (b) Date of occurrence..... no

(c) Where did injury occur?..... no  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
no  
 (Specify type of place)

While at work? no Means of injury.....  
 23. Signature DR. LUKE B. TIERNON (M.D. or other)  
 Address 6710 JENNINGS ROAD

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

96  
0  
6

JAN 21 1949

DR. L. B. TIERNON  
3718 JENNINGS  
THIS P.M.

Natural Bridge Ave to 6100 -  
1 blk north of Natl Bldg

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 Virgil L. Berryman  
Licensed Embalmer No. 4018  
P. O. Address St. Louis Mo

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.