

ED APR 3 1943 818  
Registration District No. ....

Primary Registration District 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:  
5445 Plover Ave.  
(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)

3. (a) PRINT FULL NAME Harry Siemer

3. (b) If veteran, name war None (c) Social Security No. 489-10-2126

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

6. (b) Name of husband or wife Elizabeth Siemer 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased May 3, 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 10 23 hr. min.

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

10. Usual occupation Electro Platter

11. Industry or business Jacks-Evans Mfg. Co.

MOTHER FATHER { 12. Name Bernard Siemer  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Jungman  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Siemer

(b) Address 5445 Plover Ave.

17. (a) Burial (b) Date thereof 3/29/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blvd.

19. (a) WAR 26 1043 (b) J. F. Medeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County .....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5445 Plover Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21<sup>st</sup>  
year 1943 hour 7:00 minute 0 M.

21. I hereby certify that I attended the deceased from March 21<sup>st</sup> 1943 to March 26, 1943  
that I last saw him alive on March 21<sup>st</sup> 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis Duration 5 days

Due to —  
Due to —  
Other conditions —  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: —  
Of operations —  
Of autopsy —  
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 R. R. Mennon (M. D. or other) MD  
Address 5330 Geraldine Date signed 3/26/43

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



**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

*Frank A. Moore*

Licensed Embalmer No.

3041

P. O. Address

2117 E. Grand

**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.**