

FILED MAY 12 1943 18

1003

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: City Hospital
(d) Length of stay: In hospital or institution 14 hours
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis, 17
(d) Street No. 914a Lafayette Ave. 923
(e) Citizen of foreign country? (Yes or No) 0

3. (a) PRINT FULL NAME Albert J. Siefert
3. (b) If veteran, name war No
3. (c) Social Security No. 499-01-1288

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 1
year 1943 hour 3 minute 05 A.M.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Clara Siefert
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 15, 1885

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on 19 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
57 7 16 hr. min.

Immediate cause of death: Pleurisy of stomach Perforated acute cause of abscess
Due to: stomach
Due to: unknown
Other conditions: 129
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis, Missouri
10. Usual occupation Recreational Instructor
11. Industry or business Boy's Club, 10th & Lafayette
12. Name Joseph Siefert
13. Birthplace Germany
14. Maiden name Caroline Settle
15. Birthplace St. Louis, Missouri

Major findings: Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Juanita Jung
(b) Address 1931a S. 12th St.
17. (a) Burial (b) Date thereof 5 4 43
(c) Place: burial or cremation St. Peter's Cemetery
18. (a) Signature of funeral director
(b) Address 3634 Gravois Ave.
19. (a) MAY 4 1943 J. F. Bredack

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature (M. D. or other) Date signed 5/11/43

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.....

Robert White

Licensed Embalmer No.....

2128

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.