

FILED MAY 27 1943 318

State File No.

4598

Registration District No.

Primary Registration District No. 1003

Registrar's 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:  
6324 Arthur Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis Mo. (If outside city or town limits, write "RURAL")  
(d) Street No. 6324 Arthur Ave,  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Lena Siefert

3. (b) If veteran, name war XX 3. (c) Social Security No. XX

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

6. (b) Name of husband or wife William Siefert 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased December 11 1871  
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 2 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name Julius Spilker

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

14. Maiden name Schuttner

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

16. (a) Informant William Siefert, Jr.

(b) Address 6324 Arthur Ave.

17. (a) burial (b) Date thereof 5/17/1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John A. Jurgens

(b) Address 7027 Gravois Ave.

19. (a) MAY 18 1943 J. J. Prudeca  
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th  
year 1943 hour 2:30 minute P M.

21. I hereby certify that I attended the deceased from 5/13/43  
to 5-13-43, 1943,  
that I last saw her alive on 5-13-43, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis

Due to hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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) (c) Means of injury

23. Signature P. B. Capel (Physician or other) M.D.  
Address 3284 Parkside Date signed 5-14-43

Duration

4 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

944

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**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.....

*E. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address: *7027 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.**