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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 22 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19118

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1132

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9952 Luna 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 9 mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96 0
(c) City or town Lemay 0
(If outside city or town limits, write "RURAL")
(d) Street No. 9952 Luna ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Clara Strobel Siemens

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 2 Widowed
6. (b) Name of husband or wife Henry Siemens
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased March (Month) 17 (Day) 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
59	1	29	..... hr. ..... min.

9. Birthplace Doniphan (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name August Brass
13. Birthplace (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Elizabeth Delator
15. Birthplace (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant Mrs. Aimee Parker Aimee Parker
(b) Address 9952 Luna ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cem.
18. (a) Signature of funeral director C. Hoffmeister U.t.L.
(b) Address 7814 S. Broadway
19. (a) MAY 14 1943 (Date received local registrar) (b) C. G. McGarvey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1943 hour 3 minute A. M.
21. I hereby certify that I attended the deceased from 2-5, 1943, to 5-10, 1943
that I last saw her alive on 5-10, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Dilation of heart	
Due to Myocarditis	
Due to	
Other conditions Chronic Cholecystitis (Include pregnancy within 3 months of death)	
Major findings: Of operations Infected Gallbladder	
Of autopsy 93 el	

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? —
(Specify type of place)
(e) While at work? — (e) Means of injury —
23. Signature Bernard Plock (M. D. or other) 0
Address 3527 Osage, St. Louis, Mo. Date signed 5-11-43

(Licensed Embalmer's Statement on Reverse Side)

Y 26 1943

Dr. Ben Ploch
3 #-5 PM
3958 S. Grand ave.

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 Linus C. Hoffmeister, Registered Apprentice No. ....., working under my personal supervision.

Signed Linus C. Hoffmeister

Licensed Embalmer No. 13871

P. O. Address 7814 S. Broadway

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.