V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 4 1943 818

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 985

Registrar's No. 946

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: City Sanitarium 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2yrs 11mos 16ds. (Specify whether
In this community 66 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 73
(If outside city or town limits, write "RURAL")

(d) Street No. ~~4240 W. Florissant~~ City Sanitarium
(If rural give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME HARRY SIEDHOFF

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Birdie Siedhoff

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased ~~Nov 30 (?)~~ 1878
(Month) (Day) (Year)

8. AGE: abt. Years 66 Months ? Days ? If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business —

FATHER
12. Name John Siedhoff
13. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marie Montag
15. Birthplace unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Thelma A. Singler
(b) Address 5400 Arsenal St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-44 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.

19. (a) JAN 31 1944 (Date received local registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1944 hour 6:00 P.M. minute M.

21. I hereby certify that I attended the deceased from 6-1-1943, 19, to 1-26-1944, 19;
that I last saw him alive on 1-26-1944, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerotic Heart Disease	2yrx
Due to	
Due to	
Other conditions (Include pregnancy within 2 months of death)	
Major findings: Of operations	
Of autopsy yes	

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)

While at work? (e) Means of injury

23. Signature Lm. Welch (M. D. or other) MD

Address 5400 Arsenal St Date signed 1/27/44

(Licensed Embalmer's Statement on Reverse Side)

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

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.