. S. No. 2
M—8-13
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 2 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32337

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3183

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:
2714a Wyoming
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------- (Specify whether years, months or days)

In this community 50 Years

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. 2714a Wyoming
(If rural, give location)

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

If yes, name country ---------

3. (a) PRINT FULL NAME Miss Sidonia Schieferdecker

3. (b) If veteran, name war ---------

3. (c) Social Security No. ---------

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife ----------

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

7. Birth date of deceased September 21, 1870
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
75	1	1	hr. min.

9. Birthplace Grand Tower, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business ---------

MOTHER FATHER

12. Name Theodore Schieferdecker

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

MOTHER

14. Maiden name Elisa Ballmann

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

16. (a) Informant Mrs. Stella Schieferdecker

(b) Address 6236 Alamo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/24/1945 (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F. H., Inc.

(b) Address 1936 St. Louis Avenue

19. (a) OCT 24 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22 year 1945 hour 7: minute 50 P. M.

21. I hereby certify that I attended the deceased from Oct 15, 1945, to Oct 22, 1945, that I last saw h. alive on Oct 22, 1945, and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
Angina Pectoris

Due to
Arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 P. H. Hamperman (M.D. or other)

Address 203 Bremmer Bldg Date signed 10-24-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Louis Hempelmann
Beaumont Building
8:30 - 9:30 2-3

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 Glen Sr. Hatz

Licensed Embalmer No. 3737

P. O. Address 1926 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.