

FILED MAY 27 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4450**

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:
Jermin DeSage
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 (Specify whether
 In this community
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis (If outside city or town limits, write "RURAL") 20/17
 (d) Street No. 2510 1/2 University (If rural, give location) 9
 (e) Citizen of foreign country? no (Yes or No) 0
 If yes, name country.....

3. (a) PRINT FULL NAME Siedhoff
3. (b) If veteran, name war.....
3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
 year 1946 hour 12 minute 25 a.m.
21. I hereby certify that I attended the deceased from May 16
1946, to May 17, 1946;
 that I last saw him alive on May 17, 1946;
 and that death occurred on the date and hour stated above.

4. Sex male **5. Color or race** w
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years

Immediate cause of death.....
Respiratory failure
Prematurity
 Due to.....
 Due to.....
 Other conditions (Include pregnancy within 3 months of death).....
 Major findings:
 Of operations.....
 Of autopsy not done

7. Birth date of deceased May 16 1946
 (Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
20 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER
12. Name Kevin Herman Siedhoff
13. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)
14. Maiden name Antoinette Margaret Fuciejezyk
15. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Antoinette Siedhoff
(b) Address 2510 1/2 University

17. (a) Burial (Burial, cremation, or removal)
(b) Date thereof 5/18/46
 (Month) (Day) (Year)
(c) Place: burial or cremation Saboury Cen

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?.....

18. (a) Signature of funeral director Math Herman & Son
(b) Address 214 E. Pine St.

While at work? (Specify type of place) (e) Means of injury.....
23. Signature P. P. Sympher (M. D. or other) M.D.
Address Jermin DeSage **Date signed** 5-17-46

19. (a) MAY 17 1946 (Date received local registrar)
(b) J. F. Bredeck (Registrar's signature)

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

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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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.