

FILED MAR 31 1947 318

Primary Registration District No. 1003

Registrar's No. 2863

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis City Hospital #1.  
(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

3. (a) PRINT FULL NAME ANNA SIEBENALER

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, Widowed  
6. (b) Name of husband or wife Joseph Siebenaler 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct. 6 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 5 9 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Pete Song 9  
13. Birthplace Don't Know 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Wolfrom  
15. Birthplace Don't Know 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Pete Siebenaler  
(b) Address 2519 S. 12th St.

17. (a) Burial (b) Date thereof 3-19-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS Peter & Paul Cemetery

18. (a) Signature of funeral director Weick Bro. Und. Co.

(b) Address 2201 S. Grand Bl.

19. (a) MAR 19 1947 (b) J. F. Brades  
(Date received local registrar) (Registrar's signature)

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. 1228 Sidney St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th  
year 1947 hour 8:35 minute P M.  
21. I hereby certify that I attended the deceased from 3/9/47  
to 3/15/47 19\_\_\_\_ to 3/15/47 19\_\_\_\_;  
that I last saw her alive on 3/15/47 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia  
Due to Unknown kidney disease  
Duration 1 week

Due to \_\_\_\_\_  
Other conditions Bronchopneumonia  
(Include pregnancy within 3 months of death) 2 weeks

Major findings: 107  
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?

(e) While at work? \_\_\_\_\_ (f) Means of injury Stroke  
3. Signature J. F. Brades Date signed 3/17/47  
Address \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

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

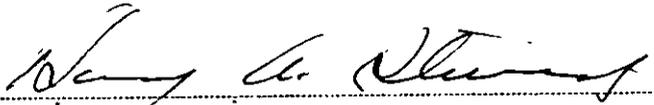
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... James R. Dunn ....., Registered Apprentice No. 403  
working under my personal supervision.

Signed 

Licensed Embalmer No. 3722

P. O. Address 2201 S. Grand Bl.

**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.**