. No. 2
/47
7-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 5 1948

Registration District No. .....

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5329 4149

4384

State File No. .....

Registrar's No. 11-1948

1. PLACE OF DEATH:
(a) County: Crawford
(b) City or town: Cuba Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether In this community: 3 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Crawford
(c) City or town: Cuba Mo
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

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

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife: Thelan SIEMENS
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: JULY 13 (Month) (Day) 1875 (Year)

8. AGE: Years 72 Months 57 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace: Ohio (City, town, or county) (State or foreign country)
10. Usual occupation: House wife
11. Industry or business .....

MOTHER
12. Name: George Meesel
13. Birthplace: Ohio (City, town, or county) (State or foreign country)

FATHER
14. Maiden name: Sophia Offelen
15. Birthplace: Ohio (City, town, or county) (State or foreign country)

16. (a) Informant: EDWARD SIEMENS
(b) Address: 5540 Mozz PL
17. (a) ST LOUIS MO (Burial, cremation, or removal) (b) Date thereof: 2-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation: ST. MARCUS.
18. (a) Signature of funeral director: C. H. MUMACHER.
(b) Address: ST LOUIS MO
19. (a) 2-15-48 (Date received local registrar) (b) [signature] (Registrar's signature) 279

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15 year 1948 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept. 16, 1947 to Feb. 15, 1948; that I last saw h.e.r. alive on Feb 13, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Embolism	5 min.
Due to: Rheumatic Heart Disease	10-20 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: NB	
Of autopsy:	

PHYSICIAN — Underline the cause of 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) C
While at work? ..... (e) Means of injury .....

23. Signature: [signature] (M. D. or other) M.D.
Address: Cuba, Mo Date signed 2-15-48

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 348126
Date Filed 3-4-48

MAR 6 1948

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 Henry M Jones Embalmed Registered Apprentice No. ....., working under my personal supervision.

Signed Henry M Jones

Licensed Embalmer No. 2628

P. O. Address Steeleville MO

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.