

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14488**

FILED APR 23 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **703**

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>St. Louis County</b> b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <b>Jennings</b> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <b>#1 Jendale Court</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before death) (State) <b>Missouri</b> (County) <b>St. Louis County</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jennings</b> d. STREET ADDRESS (If rural, give location) <b>#1 Jendale Court</b>		
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Louisa</b> b. (Middle) _____ c. (Last) <b>Sieckmann</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>March 22 1949</b>			
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>married</b>	<b>8. DATE OF BIRTH</b> <b>December 24, 1868</b>		
<b>9. AGE</b> (In years last birthday) <b>80</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired.) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____			
<b>11. BIRTHPLACE</b> (State or foreign country) <b>Maryland</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>			
<b>13a. FATHER'S NAME</b> <b>Christ Wolf</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>unknown</b>			
<b>14. NAME OF HUSBAND OR WIFE</b> <b>August F. Sieckmann</b>					
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) _____		<b>16. SOCIAL SECURITY NO.</b> _____			
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>August F. Sieckmann</b> <b>ADDRESS</b> <b>#1 Jendale Court</b>					
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive heart disease.</b> ANTECEDENT CAUSES <b>443+</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>arteriosclerosis</b> Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____			
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____					
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.) _____		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
<b>21f. HOW DID INJURY OCCUR?</b> _____					
<b>22. I hereby certify that I attended the deceased from</b> <b>Nov. 26, 1948</b> , to <b>Mar 22, 1949</b> , that I last saw the deceased alive on <b>Mar 21, 1949</b> , and that death occurred at <b>3:00 pm.</b> , from the causes and on the date stated above.					
<b>23a. SIGNATURE</b> (Degree or title) <b>H. F. Bergman M.D.</b>		<b>23b. ADDRESS</b> <b>3720 Washington</b>			
<b>23c. DATE SIGNED</b> <b>3/22/49</b>					
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>3-25-49.</b>			
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>New Bethlehem Cemetery</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis Missouri.</b>			
<b>DATE REC'D BY LOCAL REG.</b> <b>3/23/49</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Thurid Lunge M.D.</b>			
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Math Hermann &amp; Son, Inc.</b>		<b>ADDRESS</b> <b>2161 E. Fair Ave.</b>			

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

*Glen W. Hat*

Signed.....  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*23737*  
*2161 E. Fairview*

**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.