

FILED MAY 23 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 130

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, specify one before death.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | |
| c. LENGTH OF STAY (in this place) <u>56 days</u> | | d. STREET ADDRESS (If rural, give location) <u>4544 Davison Avenue.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Normandy Osteopathic Hospital</u> | | | |

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| 3. NAME OF DECEASED a. (First) <u>Emma</u> (Type or Print) | | b. (Middle) <u>Margaret</u> | | c. (Last) <u>Seigler Siepler</u> | | 4. DATE OF DEATH (Month) <u>April</u> (Day) <u>15th</u> (Year) <u>1949</u> | |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Jan. 19th, 1879</u> | 9. AGE (In years last birthday) <u>70</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u> | 11. BIRTHPLACE (State or foreign country) <u>Illinois Belleville</u> | 12. CITIZEN OF WHAT COUNTRY? <u>America</u> |
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| 13a. FATHER'S NAME <u>Frank Beyer</u> | 13b. MOTHER'S MAIDEN NAME <u>Freida Seidbrier er</u> | 14. NAME OF HUSBAND OR WIFE <u>William Seigler</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____ | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Margorie Stabo</u> | ADDRESS <u>2377 Hainey Ferguson</u> |
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| 18. CAUSE OF DEATH 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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-renal vascular disease</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>heavy bedridden resulting from a fractured hip.</u> DUE TO (c) _____ | | <u>11:25 AM</u> <u>11:31 AM</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9186-a-69040</u> <u>21</u> | | | |

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| 19a. DATE OF OPERATION <u>2-19-49</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Transverse fracture thru shaft of femur,</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT (Specify) <u>Solitary HOMICIDE accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>basement of home</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis 4544 Davison Avenue St Louis Mo</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2/19/49</u> | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>fall in basement of home</u> |
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22. I hereby certify that I attended the deceased from Feb 17, 1949, to April 15, 1949, that I last saw the deceased alive on April 15, 1949, and that death occurred at 11:31 AM., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>W. Knapp D.O.</u> | (Degree or title) <u>2</u> | 23b. ADDRESS <u>4981 1/2 Thrushaven</u> | 23c. DATE SIGNED <u>4-15-49</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>4/18/49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Bethany Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>4-17-49</u> | REGISTRAR'S SIGNATURE <u>Thurmond L. ...</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u> | ADDRESS <u>4700 Washington Blvd</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 me

....., Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Elmo A. Gardner

Licensed Embalmer No. 4077

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.