

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 20 1949

State File No. 7921

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7921**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (In this place)		d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>4559 Gibson Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>4559 Gibson Ave.</b>		4. STREET ADDRESS (If rural, give location) <b>4559 Gibson Ave.</b>	
3. NAME OF DECEASED a. (First) <b>ELISE</b>		b. (Middle)	
c. (Last) <b>SIEDLER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sep't. 10 1949</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Feb. 1, 1890</b>
9. AGE (In years last birthday) <b>59</b>		10. IF UNDER 1 YEAR Months <b>7</b> Days <b>9</b>	11. IF UNDER 24 HRS. Hours <b>9</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Woodward School</b>	
11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>Mo.</b>	
13a. FATHER'S NAME <b>Frederick Siedler</b>		13b. MOTHER'S MAIDEN NAME <b>Bertha Finck</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Adele Siedler</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolism</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of Stomach</b> DUE TO (c) <b>None</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>151X</b>		22. I hereby certify that I attended the deceased from <b>8:16</b> , 19 <b>49</b> , to <b>9:10</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>9/10</b> , 19 <b>49</b> , and that death occurred at <b>6:00P</b> m., from the causes and on the date stated above.	
23a. SIGNATURE <b>[Signature]</b>		23b. ADDRESS <b>3102 South Grand</b>	
23c. DATE SIGNED <b>9/12/49</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Sep. 14, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Pickers Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		DATE REC'D BY LOCAL REG. <b>SEP 13 1949</b>	
REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b>	
ADDRESS <b>4228 S. Kingshighway Bl.</b>			

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 \_\_\_\_\_

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

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed

*Richard W. Stovesand*

Licensed Embalmer No. 4007

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.