

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3033

State File No. ....

318

1003

Registrar's No. 255

BIRTH NO. ....		REG. DIST. NO. ....		PRIMARY REG. DIST. NO. ....		State File No. ....	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS MO</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		2150	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2817<sup>3</sup> GASCONADE</u>				d. STREET ADDRESS (If rural, give location) <u>2817<sup>3</sup> GASCONADE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARIE</u>		b. (Middle) <u>D.</u>		c. (Last) <u>SIEFKER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 9 1950</u>	
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>Nov. 26 1889</u>	
9. AGE (In years last birthday) <u>60</u>		10. MONTHS <u>1</u>		11. DAYS <u>14</u>		12. IF UNDER 1 YEAR Hours <u>14</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) <u>PERSONAL BUYER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FAMOUS BARR</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>JULIUS FRANKLIN</u>		13b. MOTHER'S MAIDEN NAME <u>ANTOINETTE ROSE</u>		14. NAME OF HUSBAND OR WIFE <u>FOREST E SIEFKER</u>			
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. <u>497-20-0956</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CORA ANN SIEFKER 2817<sup>3</sup> GASCONADE</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u> DUE TO (c) <u>hypertension</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10da</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>331X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 30 19 49</u> , to <u>Jan 9 19 50</u> , that I last saw the deceased alive on <u>Jan 8 19 50</u> , and that death occurred at <u>11:20 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. Achermann M.D.</u> (Degree or title)		23b. ADDRESS <u>68119 Gravois</u>		23c. DATE SIGNED <u>1/10/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN 14 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. MARCUS CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>	
DATE REC'D BY LOCAL REG. <u>JAN 10 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Kuti 2906 Prairie</u>			

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.

Signed..... *James C Hill* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. *4347* .....

P. O. Address *2508 Grand* .....

**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.