

FILED MAY 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18660

State File No.

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1291**

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) 9 TOWN St. Louis | |
| c. LENGTH OF STAY (In this place) | | 2099 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital | | d. STREET ADDRESS (If rural, give location) 2155 Linton Ave. | |

| | | | | |
|--|--------------------------|------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Louisa | b. (Middle) --- | c. (Last) Siebke | 4. DATE OF DEATH (Month) (Day) (Year) May 15, 1950 |
|--|--------------------------|------------------------|-------------------------|---|

| | | | | | | |
|-------------------------|----------------------------------|--|--|--|----------------------------------|---------------------------------|
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH Nov. 18, 1864 | 9. AGE (In years last birthday) 85 | IF UNDER 1 YEAR Months Days | IF UNDER 2 HRS. Hours Min. |
|-------------------------|----------------------------------|--|--|--|----------------------------------|---------------------------------|

| | | | |
|---|-----------------------------------|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
|---|-----------------------------------|---|---|

| | | |
|---|---|--|
| 13a. FATHER'S NAME Carl Mauch | 13b. MOTHER'S MAIDEN NAME Wilhelmenia Bardelmeier | 14. NAME OF HUSBAND OR WIFE Henry Siebke |
|---|---|--|

| | | | |
|---|--|--|------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Edward H. Siebke | ADDRESS 2155 Linton Ave. |
|---|--|--|------------------------------------|

| | | | |
|--|---|--|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (b) stating the underlying process last. arteriosclerosis hypertension skull fracture | | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | 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 type="checkbox"/> |
|------------------------|----------------------------------|--|

| | | |
|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo |
|--|---|--|

| | | |
|--|--|--|
| 21d. TIME OF INJURY May 15 5:00 p.m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? Fall on steps to 903B |
|--|--|--|

22. I hereby certify that I attended the deceased from **May 14, 1950** to **May 14, 1950**, that I last saw the deceased alive on **May 14, 1950** and that death occurred at **4:40 P. m.**, from the causes and on the date stated above.

| | | | |
|--|-------------------|--------------------------------------|------------------------------------|
| 23a. SIGNATURE Edward H. Siebke M.D. | (Degree or title) | 23b. ADDRESS 1918 Fairbank | 23c. DATE SIGNED 5/15/50 |
|--|-------------------|--------------------------------------|------------------------------------|

| | | | |
|--|-----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE 5/17/50 | 24c. NAME OF CEMETERY OR CREMATORY New Pickers | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
|--|-----------------------------|--|--|

| | | | |
|--|--|--|------------------------------------|
| DATE REC'D BY LOCAL REG. MAY 16 1950 | REGISTRAR'S SIGNATURE J. B. Sasser | 25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral | ADDRESS 1905 Union Blvd. |
|--|--|--|------------------------------------|

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

Warren G. Carver

Licensed Embalmer No. *3524*

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.