

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State, File No. **25293**  
**5929**  
Registrar's No. ....

FILED JUL 16 1951

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. ....	
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 OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>St. Louis</b>		<b>2189</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Desloge Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>4234 Norfolk Ave.</b>			
3. NAME OF DECEASED (Type or Print) <b>ALICE</b>		a. (First)		b. (Middle) <b>SIEMONS</b>		c. (Last)	
4. DATE OF DEATH <b>June 30 1951</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan. 29, 1881</b>		9. AGE (In years last birthday) <b>70</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Lonedell, Mo.</b>				12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <b>William P. Henson</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>George E. Siemons</b>			
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>George E. Siemons</b> ADDRESS <b>4234 Norfolk Ave.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the cause of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Obstructive biliary cirrhosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Stricture of common bile duct</b> DUE TO (c) <b>Cholecystitis &amp; cholelithiasis.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b> <b>2 yrs</b>	
19a. DATE OF OPERATION <b>6-20-51</b>		19b. MAJOR FINDINGS OF OPERATION <b>Stricture of common bile duct.</b>				20. AUTOPSY? YES <input checked="" 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)		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>584X</b>					
22. I hereby certify that I attended the deceased from <b>June 8, 1951</b> , to <b>June 30, 1951</b> , that I last saw the deceased alive on <b>June 8, 1951</b> , and that death occurred at <b>1:35P m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>C. Rollins Haulan M.D.</b> (Degree or title)				23b. ADDRESS <b>1325 South Grand Boulevard</b>		23c. DATE SIGNED <b>July 2, 1951</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 3, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Matthews Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUL 2 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Foster</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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed William P. White

Signed.....  
Student Embalmer

Licensed Embalmer No. 4291

P. O. Address 4228 S. Kingshighway

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.