

FILED OCT 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33141

BIRTH NO. _____		REG. DIST. NO. 116		PRIMARY REG. DIST. NO. 3020		Registrar's No. 135			
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Mo b. COUNTY Franklin					
b. CITY (If outside corporate limits, write RURAL and give township) Washington Mo		c. LENGTH OF STAY (In this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) Union R # R. Union		d. STREET ADDRESS (If rural, give location) 0360			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital				d. STREET ADDRESS (If rural, give location) 0360					
3. NAME OF DECEASED (First) (Middle) (Last) Frank J. Sieges			4. DATE OF DEATH (Month) (Day) (Year) Oct 8, 1951						
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.		8. DATE OF BIRTH Aug 8, 1879			
9. AGE (In years last birthday) 72		10. MONTHS 2		10. DAYS 0		IF UNDER 14 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Union Mo R # R.			
12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Raymond Sieges		13b. MOTHER'S MAIDEN NAME Genevieve Swetz		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) L		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME Miss Margurtha Sieges				ADDRESS Union Mo	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis, generalized Mo				INTERVAL BETWEEN ONSET AND DEATH ?	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma, transverse DUE TO (c) Colon				?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153X									
19a. DATE OF OPERATION June, 1951		19b. MAJOR FINDINGS OF OPERATION Surgical, surgery performed at Barnes Hospital, St. Louis, Mo.				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)					
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 10/7, 1951, to 10/8, 1951, that I last saw the deceased alive on 10/7, 1951, and that death occurred at 1:53 A.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Michael S. W. Offich, M.D.				23b. ADDRESS Washington, Mo		23c. DATE SIGNED 10/5/51			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Oct 10 1951		24c. NAME OF CEMETERY OR CREMATORY St. Joseph Cath. Cem. Union Mo.		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. Oct 10, 1951		REGISTRAR'S SIGNATURE Fred P. Heidmann, by Leah Heidmann		25. FUNERAL DIRECTOR'S SIGNATURE E. H. Semme Beaufort Mo.					

94-0

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No.

DISTRICT HEALTH OFFICE NO. 4

OCT 15 1951

RECEIVED

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 _____

E H Jennie

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

E H Jennie

Licensed Embalmer No. *3076*

P. O. Address

Beaufort N.C.

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.