

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18796**

FILED APR 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **1033**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. - If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Spanish Lake Clayton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Berkeley City 4071</b>	
c. LENGTH OF STAY (in this place) <b>1 Hr.</b>		d. STREET ADDRESS (If rural, give location) <b>5831 Helen Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis County Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mildred</b> b. (Middle) <b>L.</b> c. (Last) <b>Siegrist</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 17, 1952</b>		
--	--	--	---	--	--

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>	8. DATE OF BIRTH <b>Nov. 7 1925</b>	9. AGE (In years last birthday) <b>26</b>	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Hours	Min.
----------------------	-------------------------------	--	-------------------------------------	---	------------------------	------------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Factory Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Emmerson Electric</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
---	--	--	--	---	--	--	--

13a. FATHER'S NAME <b>Jefferson Cates</b>		13b. MOTHER'S MAIDEN NAME <b>M. Lillie Yarbrough</b>		14. NAME OF HUSBAND OR WIFE <b>Divorced</b>			
---	--	--	--	---	--	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>491 26 6264</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Hubert Cates 3633 St. Bridget La.</b>			
--	--	--	--	--	--	--	--

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) <b>Asphyxiation from drowning-jumped from rowboat when water began coming in</b>		ANTECEDENT CAUSES <b>from one end of the boat at Spanish Lake.</b>							
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>							
		DUE TO (c)							
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 <b>400 9298</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	--	--	--	--	--	--	--

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

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>4/17/52 7:15A m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Jumped from rowboat when water came in one end of boat.</b>			
---	--	---	--	---	--	--	--

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23. SIGNATURE <b>Arnold J. Willmann</b> (Degree or title) <b>Coroner</b>		23b. ADDRESS <b>Clayton, Mo.</b>		23c. DATE SIGNED <b>4/18/52</b>	
--	--	----------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4)20)52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Johnson Chapel Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Doniphan Mo.</b>	
---	--	--------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <b>4-18-52</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donke</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>10123 St. W. Rd.</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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Chas.

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.