

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23198

State File No.

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1903

BIRTH NO. JUL 5 1952

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Lemay St. Louis | | 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 township) OR TOWN St. Louis St. Louis County | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay Mo. - ST. LOUIS | |
| c. LENGTH OF STAY (in this place) 6 Mo. | | d. STREET ADDRESS (If rural, give location) 5229 Idaho | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Lemay Nursing Home | | | |
| 3. NAME OF DECEASED a. (First) Johanna (Type or Print) | | b. (Middle) | c. (Last) Siepmann |
| 4. DATE OF DEATH June 20 1952 (Month) (Day) (Year) | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH June 7 1880 |
| 9. AGE (In years, months, days) 72 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife | | 10b. KIND OF BUSINESS OR INDUSTRY at home | 11. BIRTHPLACE (State or foreign country) St. Louis Mo. |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | | |
| 13a. FATHER'S NAME Gustave Frommann | | 13b. MOTHER'S MAIDEN NAME Not Known | 14. NAME OF HUSBAND OR WIFE Albert Siepmann |
| 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 ADDRESS Albert Siepmann 5229 Idaho |
| 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) Cerebral Thrombosis leading to Anterior Sclerosis | | INTERVAL BETWEEN ONSET AND DEATH | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis - granular type | | 4 yrs. | |
| DUE TO (c) Myelodysplasia | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION none | | 19b. MAJOR FINDINGS OF OPERATION none | 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) m. | 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 12-5 1952 , to 12-26 1952 , that I last saw the deceased alive on 12-26 1952 , and that death occurred at 3:30 P.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Elmer Schumacher MD (Degree or title) | | 23b. ADDRESS 3258 Lafayette Ave | 23c. DATE SIGNED 6-21-52 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | 24b. DATE 6-23-52 | 24c. NAME OF CEMETERY OR CREMATORY Mo. Crematory | 24d. LOCATION (City, town, or county) (State) St. Louis Mo. |
| DATE REC'D BY LOCAL REG. 6-23-52 | | REGISTRAR'S SIGNATURE Herbert R. Donke MD | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Schumacher 3013 Meramec |

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

3258. Fayfitt
Dr ELWIN P SCOTT

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

Jack Haupt

Licensed Embalmer No. 4746

P. O. Address St Louis, Mo

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.