

STANDARD CERTIFICATE OF DEATH

State File No. **43820**
Registrar's No. **10038**

FILED JAN 10 1953

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, 4890</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutheran Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>809 Dammert Ave. 1</u>	
3. NAME OF DECEASED (Type or Print) <u>Ada Siebe</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 30, 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>May 30, 1908</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machine Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Garment Mfg.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Europe</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Alexander Gedville</u>	
13b. MOTHER'S MAIDEN NAME <u>Johanna Banis</u>		14. NAME OF HUSBAND OR WIFE <u>(Divorced)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>487-328708</u>		16. SOCIAL SECURITY NUMBER <u>487-328708</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Julia Walters, 720 Alleghany Dr.</u>		ADDRESS <u>720 Alleghany Dr.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute yellow atrophy of liver</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Congestion of lungs Edema of brain</u>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>580X</u>		22. I hereby certify that I attended the deceased from <u>Oct 22, 1952</u> to <u>Oct 30, 1952</u> ; that I last saw the deceased alive on <u>Oct 30, 1952</u> and that death occurred at <u>2:40 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Emerson A Vogel M.D. 0</u>		23b. ADDRESS <u>3325 S. Grand</u>	
23c. DATE SIGNED <u>10/31/52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>Nov 3 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fendler Und, Co.</u>	
25. ADDRESS <u>7420 Michigan Ave.</u>		DATE REC'D BY LOCAL REG. <u>NOV 1 1952</u>	
REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		G.P. (Licensed Embalmer's Statement on Reverse Side)	

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 M. W. Ruster

Licensed Embalmer No. 4865

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.