

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11095

FILED MAR 23 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 395 PRIMARY REG. DIST. NO. 6097 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before (inclusion). a. STATE <u>Mo</u> b. COUNTY <u>St Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wentzville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wentzville</u> <u>RURAL</u>	
c. LENGTH OF STAY (in this place) <u>1 yr</u>		d. STREET ADDRESS (If rural, give location) <u>0920</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Esther</u>	b. (Middle) <u>Carolinee</u>	c. (Last) <u>Siereking</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 8 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 7 1907</u>	9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>7</u>	IF UNDER 1 HR. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home Duties</u>	11. BIRTHPLACE (State or foreign country) <u>St Louis Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>August Lahrmann</u>	13b. MOTHER'S MAIDEN NAME <u>Johanna Lilliankamp</u>	14. NAME OF HUSBAND OR WIFE <u>Walter Siereking</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Walter Siereking</u>	ADDRESS <u>Wentzville Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary embolus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min</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) <u>Hysterectomy</u>		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 2/25 1953 to 3/7 1953, that I last saw the deceased alive on 3/7, 1953, and that death occurred at 11:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>H.C. Mc Murray MD</u> (Degree or title)	23b. ADDRESS <u>Wentzville, Mo.</u>	23c. DATE SIGNED <u>3/10/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-12-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Trinity Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis Co. Highway 61-110</u>
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DATE REC'D BY LOCAL REG. <u>March 20 1953</u>	REGISTRAR'S SIGNATURE <u>Paul J. [Signature]</u>	FUNERAL DIRECTOR'S SIGNATURE <u>T.E. Pitman</u>	ADDRESS <u>Funeral Home Wentzville Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

920
1

MAR 23 1953

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

Annetta M. Loman

Licensed Embalmer No. 3055

P. O. Address *Shenandoah, 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.