

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26897

FILED JUL 31 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6259**

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u>		<b>2. USUAL RESIDENCE</b> (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</u>		c. LENGTH OF STAY (In this place) <u>7 yrs. 6 mos. &amp; 15 days</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Infirmiry Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>4815 McKissock</u>	

<b>3. NAME OF DECEASED</b> a. (First) <u>PAUL</u> b. (Middle) <u>E</u> c. (Last) <u>SIECK</u>			<b>4. DATE OF DEATH</b> (Month) <u>6</u> (Day) <u>21</u> (Year) <u>1953</u>		
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Widower</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Watchman</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Schlueter Mfg. Co.</u>		<b>11. BIRTHPLACE</b> (City and State or foreign Country) / <b>12. CITIZEN OF WHAT COUNTRY?</b> <u>Pennsylvania</u> / <u>U.S.A.</u>	

<b>13a. FATHER'S NAME</b> <u>Henry Sieck</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Pauline Stotz</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Widower</u>	
---	--	--	--	--	--

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) / (If yes, give war or dates of service) - / -		<b>16. SOCIAL SECURITY NO.</b> -		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Mrs. L.J. Sieck, 1101 Ralph Terrace</u> <u>Richmond Heights Mo</u>	
--	--	-------------------------------------	--	---	--

<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <u>Generalized arteriosclerosis with</u>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cardiac Cerebral and Peripheral dam age.</u>  DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.				<b>INTERVAL BETWEEN ONSET AND DEATH</b>   _____
--	--	--	--	--	--	--

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
-------------------------------	--	---	--	--	--

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>  <u>4500</u>	

22. I hereby certify that I attended the deceased from 12/6/1945, to June 21, 1953, that I last saw the deceased alive on June 21, 1953, and that death occurred at 6:40 Pm., from the causes and on the date stated above.

<b>22a. SIGNATURE</b> (Degree or title) <u>Palmer Prescoe Rowdick M.D.</u>		<b>23b. ADDRESS</b> <u>5800 Absenak St.</u>		<b>23c. DATE SIGNED</b> <u>6-22-53</u>	
---	--	--	--	---	--

<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Removal</u>		<b>24b. DATE</b> <u>6-22-53</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>New Bethlehem Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
--	--	------------------------------------	--	--	--	--	--

<b>DATE REC'D BY LOCAL REG.</b> <u>JUN 23 1953</u>		<b>REGISTRAR'S SIGNATURE</b> <u>J. Carl Smith</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Beiderwieden F.H. Inc., 1936 St. Louis Ave.</u>	
---	--	--	--	---	--

-m-B (Licensed Embalmer's Statement on Reverse Side)

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. None

working under my personal supervision.

Student None  
Student Embalmer

Signed

Delbert J. Krueger

Licensed Embalmer No. 349

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.