

STANDARD CERTIFICATE OF DEATH

1003 State File No. 6820
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. Registrar's No. 1603

BIRTH NO. FILED MAR 8 1954		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1603					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.				b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place) 9 wks.		c. CITY OR TOWN St. Louis		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hosp.				e. STREET ADDRESS (If rural, give location) 3320 a Park Ave.				2187			
3. NAME OF DECEASED (Type or Print) George			a. (First)		b. (Middle) F.		c. (Last) Siekerman				
4. DATE OF DEATH (Month) (Day) (Year) 2/17/1954			5. SEX Male			6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH Jul. 3, 1890			9. AGE (In years last birthday) 63 yrs.		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) Time Clerk			10b. KIND OF BUSINESS OR INDUSTRY U.S. Defense Crp.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Herman Siekerman			13b. MOTHER'S MAIDEN NAME Ann Anderson			14. NAME OF HUSBAND OR WIFE Genevieve Stretch Siekerman					
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. 497-03-8751		17. INFORMANT'S SIGNATURE OR NAME Genevieve Siekerman				ADDRESS 3320 a Park Av.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma						INTERVAL BETWEEN ONSET AND DEATH 2 mond			
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 None		19b. MAJOR FINDINGS OF OPERATION None						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 162X							
22. I hereby certify that I attended the deceased from 12-1-1953, to 2-17-1954, that I last saw the deceased alive on 2-17-1954, and that death occurred at 10:40 P.M., from the causes and on the date stated above.											
23a. SIGNATURE Edward P. ReK				(Degree or title) MD		23b. ADDRESS 462 No. Taylor St. Louis, Mo.		23c. DATE SIGNED 2-17-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/20/54		24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.		24d. LOCATION (City, town, or county) St. Louis, Mo.		(State)			
DATE REC'D BY LOCAL REG. FEB 18 1954		REGISTRAR'S SIGNATURE Earl Smith			25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schnur					ADDRESS 3125 Lafayette Ave.	

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

E. Beck
462 N. Taylor

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.....
Signature of Student Embalmer

Signed.....
John B. Valmiki

Licensed Embalmer No. 401

P. O. Address 3125 Lafayette

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.