No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7213

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1474

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

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis,

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pronounced dead at City Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis,

d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐

e. STREET ADDRESS (If rural, give location) 5066 Lindenwood Ave., 214 9

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3. NAME OF DECEASED (Type or Print) a. (First) Marie b. (Middle) c. (Last) Sieckhaus,

4. DATE OF DEATH (Month) (Day) (Year) February 9, 1956

5. SEX Female. 1

6. COLOR OR RACE White,

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed. 2

8. DATE OF BIRTH April 18, 1908

9. AGE (In years last birthday) 47 | 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At Home,

11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri, 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Ernst Dreher,

13b. MOTHER'S MAIDEN NAME Mary A. Krein,

14. NAME OF HUSBAND OR WIFE Lester F. Sieckhaus,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Harry E. Dreher, 5651 Potomac St., ADDRESS

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) Gunshot wound of the Aorta; suffered when shot with gun in hands of one Henry Sieckhaus, in house at 5066 Lindenwood Ave., about 1105 am., Feby 9th 1956.

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

E981x

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home

21c. (CITY, TOWN, OR TOWNSHIP) St Louis (COUNTY) Mo (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feby 9 56 11 05 A m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 1135A m., from the causes and on the date stated above.*

23a. SIGNATURE Patrick J. Taylor Coroner (Degree or title) 3

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 2.10.56.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial.

24b. DATE 2/13/56

24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery,

24d. LOCATION (City, town, or county) St. Louis, Mo. (State)

DATE REC'D BY LOCAL REG. FEB 10 1956

REGISTRAR'S SIGNATURE J Carl Smith MD MJB

25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary, ADDRESS 2842 Meramec St., St. Louis, 18. Mo.

(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 embal

by me, or by .....me....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Joe S. Benz.....

Licensed Embalmer No....4249..

2842 Meramec

P. O. Address....St. Louis, 1

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.