

FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15999

BIRTH NO. _____		REG. DIST. NO. 116		PRIMARY REG. DIST. NO. 5434		Registrar's No. 123			
1. PLACE OF DEATH a. COUNTY Franklin.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Franklin.					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Washington St. Johns ^{Waship} Twp.		c. LENGTH OF STAY (in this place) 25 yrs.		c. CITY OR TOWN Washington.		d. Is 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 Highway 100 East.				f. STREET ADDRESS (If rural, give location) R. #1 East. 0360					
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) Anthony		c. (Last) Siedhoff.		4. DATE OF DEATH (Month) (Day) (Year) May 28, 1956.			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 7th, 1876.			
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Woodworker.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Woodworker.		10b. KIND OF BUSINESS OR INDUSTRY General Woodworking.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Henry John Siedhoff.			13b. MOTHER'S MAIDEN NAME Caroline Walters.			14. NAME OF HUSBAND OR WIFE Rose Regina Siedhoff.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. 492-05-3553		17. INFORMANT'S SIGNATURE OR NAME Mrs. Rose Regina Siedhoff		ADDRESS Washington, Mo.			
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, athermia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute Hypostatic Pneumonitis ANTECEDENT CAUSES Due to (b) chr myocarditis Due to (c) chr nephritis & hypertrophied prostate II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 24 hrs 10 yrs 5 yrs	
19a. DATE OF OPERATION 4-24-56		19b. MAJOR FINDINGS OF OPERATION Transurethral resection Prostate 4222				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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 8-5, 1946, to 5-28, 1956, that I last saw the deceased alive on 5-28, 1956, and that death occurred at 12:15 p.m., from the causes and on the date stated above.									
23a. SIGNATURE H. S. Schmidt MD (Degree or title)				23b. ADDRESS 5nd + Elm, Washington, Mo.		23c. DATE SIGNED 5-29-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 1, 1956.		24c. NAME OF CEMETERY OR CREMATORY St. Francis Borgia Cemetery,		24d. LOCATION (City, town, or county) (State) Washington, Mo.			
DATE REC'D BY LOCAL REG. 5/31/56		REGISTRAR'S SIGNATURE F. Siedmann G. Siedmann		25. FUNERAL DIRECTOR'S SIGNATURE Prieberg & Vitt, Inc.		ADDRESS Washington, Mo.			

(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.....
Signature of Student Embalmer.

Signed *Jerome F Swoboda*.....

Licensed Embalmer No. *457*.....

P. O. Address *Washington*.....

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