

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23305**

FILED JUL 30 1956

BIRTH NO. _____ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **162**

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO.		b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) WASHINGTON		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN UNION	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. FRANCIS HOSPITAL		f. STREET ADDRESS (If rural, give location) R.R. 03610			

3. NAME OF DECEASED (Type or Print) a. (First) CAROLINE			b. (Middle) C.			c. (Last) SIEGESS			4. DATE OF DEATH (Month) (Day) (Year) JULY 25, 1956		
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5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JAN 7, 1889		9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 6 Days 18		IF UNDER 4 HRS. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK			10b. KIND OF BUSINESS OR INDUSTRY H OUSEWIFE			11. BIRTHPLACE (City and State or Foreign Country) N IER, MO.			12. CITIZEN OF WHAT COUNTRY? USA		
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13a. FATHER'S NAME FREDERICK HOELSCHER			13b. MOTHER'S MAIDEN NAME MATILDA GRUSS			14. NAME OF HUSBAND OR WIFE CORN ELIUS SIEGES		
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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) NO		16. SOCIAL SECURITY NO. NON E		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CORNELIUS SIEGESS UNION, MO.			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Coronary Peromyocardium Dr. Myocarditis DUE TO (b) Di. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus, dur 25 yrs.						INTERVAL BETWEEN ONSET AND DEATH Twelve 3 years	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4 2 2 2				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **June 2, 1956**, to **July 25, 1956**, that I last saw the deceased alive on **July 24, 1956**, and that death occurred at **1400 m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]		(Degree or title) Wife		23b. ADDRESS Washington Mo.		23c. DATE SIGNED 7-25-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-28-56		24c. NAME OF CEMETERY OR CREMATORY IMMACULATE CONCEPTION UNION MO.		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. 7/26/56		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. H. Ottmann Union, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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AUG 22 1956

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 *E. F. Olthmann*.....

Licensed Embalmer No. *1686*

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