.S. No. 300
xv. 10.48

FILED JUL 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24563

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 94

1. PLACE OF DEATH
a. COUNTY: Perry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Perryville
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): 214 W. South St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Perry
c. CITY OR TOWN: Perryville
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 214 W. South St.

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3. NAME OF DECEASED (Type or Print)
a. (First): Hermann
b. (Middle): J.
c. (Last): Sielemann

4. DATE OF DEATH (Month) (Day) (Year): July 16, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 22, 1890
9. AGE (In years last birthday): 66
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): Clerk
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Hermann E. Sielemann
13b. MOTHER'S MAIDEN NAME: Wilhelmina Wixford
14. NAME OF HUSBAND OR WIFE: Margaret Killian

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Margaret Sielemann
ADDRESS: Perryville 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun Shot - Wound (Temple)

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.

SEAL CORONER of Perry County Mo.

INTERVAL BETWEEN ONSET AND DEATH

Coroner of Perry County, Mo

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 976X
20. AUTOPSY? YES [ ] NO [X]

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP): Perryville (COUNTY): Mo. (STATE): Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 16 1956 10:30 a.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: 38 Cal. Revolver Bullet wound - head

22. *I hereby certify that I attended the deceased from* Coroner of Perry County, Mo., 19__, *to* Coroner of Perry County, Mo., 19__, *that I last saw the deceased alive on* Coroner of Perry County, Mo., 19__, *and that death occurred at* 10:47 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Am Wiedmann (Degree or title) Coroner of Perry County, Mo.
23b. ADDRESS: Perryville
23c. DATE SIGNED: 7-17-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 19, 1956
24c. NAME OF CEMETERY OR CREMATORY: Home Cemetery
24d. LOCATION (City, town, or county) (State): Perryville, Missouri

DATE REC'D BY LOCAL REG.: 7-17-56
REGISTRAR'S SIGNATURE: Jos J Zoellner
25. FUNERAL DIRECTOR'S SIGNATURE: Young & Sons
ADDRESS: Perryville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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250-1

JUL 30 1956

SEP 5 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wallace Young

Licensed Embalmer No. 40 2

P. O. Address Pennsylvania

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