

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **866**

FILED JAN 14 1957

BIRTH NO. _____		REG. DIST. NO. <b>116</b>		PRIMARY REG. DIST. NO. <b>3020</b>		Registrar's No. <b>46</b>		
1. PLACE OF DEATH a. COUNTY <b>Franklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Washington</b> )		c. LENGTH OF STAY (In this place) <b>3 WKS</b>		c. CITY OR TOWN <b>St. Clair</b>		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 <b>St. Francis Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>0360</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Cornelius</b>			b. (Middle) <b>Joseph</b>		c. (Last) <b>Siess</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 6, 1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Dec. 8, 1870</b>		9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Jeffriesburg, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Cornelius Siess</b>			13b. MOTHER'S MAIDEN NAME <b>Barbara Manhardt</b>		14. NAME OF HUSBAND OR WIFE <b>Emma Siess</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Raymond Siess</b>		ADDRESS <b>St. Clair, Mo.</b>		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b>	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>UREMIC POISONING</b>							
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>BILATERAL STAGHORN KIDNEY STONES</b>						7 YEARS	
	DUE TO (c) _____							
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>GENERALIZED ARTERIOSCLEROSIS</b>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? <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)		602X		
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?				
22. I hereby certify that I attended the deceased from <b>1952</b> , to <b>1-6</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>1-6</b> , 19 <b>57</b> , and that death occurred at <b>3:30 P.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>John J. Pencil, M.D.</b>				23b. ADDRESS <b>St. Clair, Mo.</b>		23c. DATE SIGNED <b>1-8-57</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 9, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Clare Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Clair, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>1/8/57</b>		REGISTRAR'S SIGNATURE <b>J.P. Widmann</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Casey-Lenox</b>		ADDRESS <b>St. Clair, Mo.</b>		

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

SEP 26 1951

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 *J. M. Ernot* .....

Licensed Embalmer No. *3601*

P. O. Address *St. Clair, Mich.*

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.

7/13/51