

FILED FEB 6 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

3284

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 47

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY		ST. LOUIS		a. STATE		MISSOURI	
b. CITY (If outside corporate limits, give TOWNSHIP only)		NORMANDY		b. COUNTY		ST. LOUIS	
OR TOWN		NORMANDY		c. CITY OR TOWN		NORMANDY	
c. FULL NAME OF (If NOT in hospital, give location)		7732 AUGUSTA AVE.		d. STREET ADDRESS		7732 AUGUSTA AVE.	
Length of stay in lb HOSPITAL OR INSTITUTION		20 Yrs.		(If outside, give location)		Reside on Farm	
3. NAME OF DECEASED (Type or print)		First		Middle		Last	
ADELE		HACKMAN		SIEGLER		4. DATE OF DEATH	
5. SEX		6. COLOR OR RACE		7. MARRIED		8. DATE OF BIRTH	
FEMALE		WHITE		NEVER MARRIED <input checked="" type="checkbox"/>		MAY 13, 1897.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?	
HOUSEWIFE		At home		ST. LOUIS, MO.		U.S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
RUDOLPH STIERLIN				AMELIA HOEHN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT	
No				Unknown		Joseph G. Siegler, 7732 Augusta Ave.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:							24-48 hrs.
IMMEDIATE CAUSE (a) Cerebral Vascular Accident							YEARS
DUE TO (b) Arteriosclerotic Cardio-vascular disease							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED?
							YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			4221	
SUICIDE							
HOMICIDE							
20c. TIME OF INJURY			20d. INJURY OCCURRED			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
Hour Month, Day, Year			WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION	
a. m. p. m.						COUNTY	
						STATE	
21. I attended the deceased from <u>1957</u> to <u>1957</u> and last saw <u>HE</u> alive on <u>DEC 20, 1956</u>							
Death occurred at <u>5:50 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title)				22b. ADDRESS		22c. DATE SIGNED	
<u>M.E. Staehle, Jr. M.D.</u>				<u>7124 NATURAL BRIDGE</u>		<u>8 Jan 1957</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)	
BURIAL		1/9/57.		OAK GROVE CEMETERY		ST. LOUIS COUNTY, MO.	
24. FUNERAL DIRECTOR ADDRESS				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE	
CALVIN F. FEUTZ FUNERAL HOME, INC.				1-8-57		<u>Herbert B. Dumble MD</u>	
4828 Natural Bridge Blvd., St. Louis, Mo.							

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITER, IF POSSIBLE

300  
1-56Health  
Welfare  
Public  
Service

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 *Ralph L. Zindler* .....

Licensed Embalmer No. 42

P. O. Address *St. Louis*

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.