

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4048

STATE FILE NUMBER

FILED JAN 27 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis				
b. CITY (If outside corporate limits, give TOWNSHIP) OR TOWN Manchester		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Maplewood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Man. Nursing Home			Length of stay in 1b 3 yrs.		d. STREET ADDRESS (If outside, give location) 3515 Big Bend (Rear)			Reside on Form No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EDWARD Middle F. Last SIEMENS				4. DATE OF DEATH Month Jan. Day 9. Year 1958				
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 2, 1877		9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk			10b. KIND OF BUSINESS OR INDUSTRY Hardware		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Fred Siemens				14. MOTHER'S MAIDEN NAME ----- Winters				
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. None		17. INFORMANT Robt. Siemens Address 828 So. Central				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Mitral Decomposition							INTERVAL BETWEEN ONSET AND DEATH 1 day	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Cardiac Decomensation							Don't know	
DUE TO (c) Chronic Myocarditis							" "	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Seuility, Atherosclerosis							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour 3:00 Month, Day, Year Dec. 10, 58 a. m. A. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Manchester, Mo. COUNTY STATE		
21. I attended the deceased from Dec. 10, 58 to Jan. 8, 58 and last saw her alive on Jan. 8, 58 Death occurred at 3:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Ralph W. Zalley, M.D. (Degree or title)				22b. ADDRESS Manchester Rd. Manchester, Mo.		22c. DATE SIGNED 1/9/58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-11-58	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem.		23d. LOCATION (City, town, or county) (State) Kirkwood, Mol			
24. FUNERAL DIRECTOR Parker-Aldrich Webster Groves ADDRESS				25. DATE RECD. BY LOCAL REG. Jan 9, 1958		26. REGISTRAR'S SIGNATURE Herbert R. Donk		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

are

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 *Leslie Welch*.....

Licensed Embalmer No. *43*

P. O. Address *Wabster, Pa.*

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