Health, Welfare Public Service

300
-57
7
23

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-003506
STATE FILE NUMBER

FILED JAN 28 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 443

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN: St. Louis — Inside Limits: Yes [#] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Chronic Hosp. — Length of stay in 1b: 1 yr. 1 mo.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN: St. Louis — Inside Limits: Yes [#] No [ ]
d. STREET ADDRESS (If outside, give location): 7215 Morganford — Reside on Farm: Yes [ ] No [#]

**3. NAME OF DECEASED** (Type or print): First: Bertha — Middle: — Last: Siemens

**4. DATE OF DEATH**: Month: 1 — Day: 10 — Year: 59

**5. SEX**: Female

**6. COLOR OR RACE**: white

**7. MARRIED** [ ] **NEVER MARRIED** [X] **WIDOWED** [ ] **DIVORCED** [ ]

**8. DATE OF BIRTH**: Dec 5 1877

**9. AGE** (In years last birthday): 81 — 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): Retired Shoe Worker

**10b. KIND OF BUSINESS OR INDUSTRY**: Shoe

**11. BIRTHPLACE** (City and state or country): Mo.

**12. CITIZEN OF WHAT COUNTRY?**: U S

**13a. FATHER'S NAME**: Theodore Siemens

**13b. MOTHER'S MAIDEN NAME**: -- Unknown

**14. NAME OF HUSBAND OR WIFE**: None

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service):

**16. SOCIAL SECURITY NO.**:

**17. INFORMANT**: Irene Bell — Address: 7215 Morganford

**MEDICAL CERTIFICATION**

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bilateral Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 12 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 491X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Generalized Arteriosclerosis - 1yr.

**19. WAS AUTOPSY PERFORMED?** YES [ ] NO [X]

**20a. ACCIDENT** [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

**20c. TIME OF INJURY**: Hour a.m. p.m. — Month, Day, Year

**20d. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

**20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)

**20f. CITY, TOWN, OR LOCATION** — COUNTY — STATE

21. I attended the deceased from 12-16-57, to 1-10-59 and last saw her/him alive on 1-10-59
Death occurred at 10:55 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): John W. Beckham, M.D.

**22b. ADDRESS**: 5800 Arsenal

**22c. DATE SIGNED**: 1/12/59

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Removal

**23b. DATE**: 1/14/59

**23c. NAME OF CEMETERY OR CREMATORY**: New St Marcus Cemetery

**23d. LOCATION** (City, town, or county) (State): St Louis County Mo.

**24. FUNERAL DIRECTOR**: Moydell Funeral Home — ADDRESS: 1926 Allen

**25. DATE RECD. BY LOCAL REG.**: JAN 14 '59

**26. REGISTRAR'S SIGNATURE**: E. Earl Smith M.D. L.R.B.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

## 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 ME, Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed George Swoboda Jr.
Licensed Embalmer No. 4899
P. O. Address 1926 Albany

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.