

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019629

STATE OF MISSOURI
2 4806

FILED JUN 1 1959 Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian Hospital		Length of stay in lb 6 hours	d. STREET ADDRESS (If outside, give location) 4295a Kossuth Avenue		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Elmer Middle H Last Siering			4. DATE OF DEATH Month May Day 16 Year 1959		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 14, 1909	9. AGE (In years) 50 IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst. Supervisor Under Department		10b. KIND OF BUSINESS OR INDUSTRY Pet Milk Company	11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Andrew Siering		13b. MOTHER'S MAIDEN NAME Emily Hoenerhoff		14. NAME OF HUSBAND OR WIFE Helen Siering	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or for unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 488-10-9243	17. INFORMANT Address Mrs. Helen Siering, 4295a Kossuth Avenue		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured Skull.					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS (Do not include conditions reported to the attending physician but pertinent to the circumstances of the death) 900.6 45 stopped in full street steps to bus stop in Cemetery about 240 am.					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II if item 18) While driving in City Cemetery			
20c. TIME OF INJURY Hour 1240 Month, Day, Year 5/16/59		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Cemetery			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN OR LOCATION St. Louis Mo		COUNTY	STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 640 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Do not print) Gaul Simon			22b. ADDRESS 1300 Coronet		22c. DATE SIGNED 5/18/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE May 19 1959	23c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR ADDRESS Math Hermann & Son, Inc., 2161 E. Fair A v			25. DATE RECD. BY LOCAL REG. MAY 18 '59		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *John W. Hart*
Licensed Embalmer No. 373
P. O. Address *S. Lauri*

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.