URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 16 1959

59-038305

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2985

ENDED

1. PLACE OF DEATH a. COUNTY	St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	Clayton
Length of stay in 1b	3 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location)	St Louis County Hospital
Inside Limits	Yes ☒ No ☐
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE	Mo
b. COUNTY	
c. CITY OR TOWN	Dittmer
Inside Limits	Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)	Rt 1 Box 286
Reside on Farm	Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First	Elmer
Middle	
Last	Sieckmann
4. DATE OF DEATH Month	Nov.
Day	9
Year	1959
5. SEX	male
6. COLOR OR RACE	white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	
8. DATE OF BIRTH	Jan 30, 1897
9. AGE (last birthday)	62
IF UNDER 1 YEAR Months / Days	
IF UNDER 24 HR Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Machinist
10b. KIND OF BUSINESS OR INDUSTRY	Mo. Mfg. Co.
11. BIRTHPLACE (City and state or country)	St Louis Mo.
12. CITIZEN OF WHAT COUNTRY	USA
13a. FATHER'S NAME	Herman Sieckmann
13b. MOTHER'S MAIDEN NAME	not known
14. NAME OF HUSBAND OR WIFE	Grace Sieckmann
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.	489-01-7795
17. INFORMANT	Grace Sieckmann
Address	Rt 1 Box 286 Dittmer Mo

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) Bronchopneumonia Right Lung

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) Mesenteric hemorrhage post operative c̄ infarction ~~Post-operative Bowel resection~~ of ileum.

DUE TO (c) (Auto accident) Fractured ribs 3-4-5 right side. ~~Infarction of small intestine (3ft)~~

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Emphysema

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

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

20c. TIME OF INJURY Hour ~~a.m.~~ p.m. Month, Day, Year: Nov 6, 1959

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.): Highway

20f. CITY, TOWN, OR LOCATION: COUNTY St Louis STATE Mo.

21. I attended the deceased from 11-6-59, to 11-9-59 and last saw ~~her~~ him alive on 11-9-59

Death occurred at 10:35 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Paul W. Schoper MD.

22b. ADDRESS: 601 S. Brentwood, Clayton 5

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 11/12/59

23c. NAME OF CEMETERY OR CREMATORY: St Peter Cemetery

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

24. FUNERAL DIRECTOR ADDRESS: John L Ziegenhein & Sons 7027 Gravois

25. DATE RECD. BY LOCAL REG.: 11-10-59

26. REGISTRAR'S SIGNATURE: John C. Murphy MD.

(Licensed Embalmer's Statement on Reverse Side)

18 I(b)	Mesenteric hemorrhage P.O.
20a-f	(as amended)
BY AFFIDAVIT OF attending physician	
DOCUMENT	blank
Post operative bowel resection	12-1-59
	12-1-59 if

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed E. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravo

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