URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAY 13 1960

60-017337

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: City Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St.Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 456 N.Newstead
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Fredrick Middle: Henry Last: Siebke
4. DATE OF DEATH: Month: Apr Day: 25 Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12/6/84
9. AGE (last birthday): 75
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): Fitter Surgical Appliances
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): St.Louis Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Gustave Siebke
13b. MOTHER'S MAIDEN NAME: Lena Freimuth
14. NAME OF HUSBAND OR WIFE: Lina Spry Siebke
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: Lina Siebke 456 N.Newstead
Address

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): Fracture of Left
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis
DUE TO (c): 904.0 - 21
INTERVAL BETWEEN ONSET AND DEATH

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

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.) Suffered in fall at Home
20c. TIME OF INJURY: Hour 4 a.m. p.m. 560 Month, Day, Year on or about April 5, 1960
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.): Home
20f. CITY, TOWN, OR LOCATION: St Louis COUNTY: STATE: Mo

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____.
Death occurred at 315 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Frank L Taylor (Degree or title)
22b. ADDRESS: 300 Clark
22c. DATE SIGNED: 4/26/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 4/28/60
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove
23d. LOCATION (City, town, or county) (State): St.Louis Cty Mo.

24. FUNERAL DIRECTOR: E.J.Schnur
ADDRESS: 3125 Lafayette
25. DATE RECD. BY LOCAL REG.: APR 26 1960
26. REGISTRAR'S SIGNATURE: Karl Smith, M.D.
S.P

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Thomas R. Jenwick

Signature of Student Embalmer

Licensed Embalmer No. 3793

P. O. Address 3125 Lafo

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