

FEDERAL BUREAU OF INVESTIGATION
IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033233

INDEXED

Registration District No. 317 Primary Registration District No. 542 Registrar's No. 2506 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ferguson	Length of stay in 1b years	c. CITY OR TOWN Ferguson	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 8913 Ellison Drive		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 8913 Ellison Drive

3. NAME OF DECEASED (Type or print) First **Peter** Middle **Siering** Last **Siering** 4. DATE OF DEATH Month **August** Day **29** Year **1960**

5. SEX **male** 6. COLOR OR RACE **white** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **2-14-1885** 9. AGE (last birthday) **75**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Shoe Inspector (retired)** 10b. KIND OF BUSINESS OR INDUSTRY **International Shoe Company** 11. BIRTHPLACE (City and state or country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Jacob Siering** 13b. MOTHER'S MAIDEN NAME **Frieda Vogt** 14. NAME OF HUSBAND OR WIFE **U.S.A.**

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. **488-07-7904** 17. INFORMANT Address **Miss Helen C. Siering, 8913 Ellison Dr**

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 coronary occlusion**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Chr. Hypertens. C.V. Disease**
 DUE TO (c) _____
 INTERVAL BETWEEN ONSET AND DEATH **8-29-60**
7 Mar 1956

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Rt cerebral accident Hemiplegia 5-31-58**
 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.) _____

20c. TIME OF INJURY Hour _____ 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 **Mar 31-1956** to **Aug 29-60** and last saw her/him alive on **Aug 27-60**
 Death occurred at **8:50 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Albert J. Moyer M.D.** 22b. ADDRESS **607 NO Second Bl.** 22c. DATE SIGNED **8-30-60**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Sept 1, 1960** 23c. NAME OF CEMETERY OR CREMATORY **New Bethlehem Cemetery** 23d. LOCATION (City, town, or county) **St. Louis County Missouri**

24. FUNERAL DIRECTOR ADDRESS **Math Hermann & Son, Inc., 2161 E. Fair Av** 25. DATE RECD. BY LOCAL REG. **8-30-60** 26. REGISTRAR'S SIGNATURE **John B. Murphy M.D.**

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Helford G. Beers
Licensed Embalmer No. 420

P. O. Address Altoona

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