

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-034941

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8166

STATE FILE NUMBER

AMENDED

FILED SEP 18 1961

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Louis</u>                     |  | Length of stay in 1b<br><u>9 Yrs.</u>  | c. CITY OR TOWN <u>St. Louis</u> Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                               |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Good Samaritan Home</u> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                   | d. STREET ADDRESS (If outside, give location)<br><u>5200 S. Broadway</u> Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |

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|---|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <u>Lena</u> Middle Last <u>Siebe</u> |  |  | 4. DATE OF DEATH<br>Month <u>8</u> Day <u>31</u> Year <u>1961</u> |  |  |
|---|--|--|---|--|--|

|                         |                                  |   |                                    |                                     |   |                |
|-------------------------|----------------------------------|---|------------------------------------|-------------------------------------|---|----------------|
| 5. SEX<br><u>Female</u> | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>8-18-76</u> | 9. AGE (last birthday)<br><u>85</u> | IF UNDER 1 YEAR<br>Months Days Hours Min. | IF UNDER 24 HR |
|-------------------------|----------------------------------|---|------------------------------------|-------------------------------------|---|----------------|

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|---|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housework</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Home</u> | 11. BIRTHPLACE (City and state or country)<br><u>St. Louis, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u> |
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|--|---|---|
| 13a. FATHER'S NAME<br><u>Louis-Siebe</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Minnie Panhorst</u> | 14. NAME OF HUSBAND OR WIFE<br><u>-</u> |
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|   |  |  |                     |
|---|--|--|---------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> | 16. SOCIAL SECURITY NO.<br><u>None</u> | 17. INFORMANT<br><u>Good Samaritan Home, S. Broadway</u> | Address <u>5200</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:   |  | INTERVAL BETWEEN ONSET AND DEATH  |
| IMMEDIATE CAUSE (a) <u>Acute myocardial infarction</u>   |  | <u>1 Hr</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <u>Arteriosclerotic coronary occlusion</u>                  | <u>1 hr</u>   |
|  | DUE TO (c) <u>Arteriosclerotic hypertensive cardiovascular disease</u> | <u>5 yrs</u>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)<br><u>4201</u> |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input 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 of item 18.) |
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|  |  |  |  |        |       |
|--|--|--|--|--------|-------|
| 20c. TIME OF INJURY<br>Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION<br><u>St. Louis</u> | COUNTY | STATE |
|--|--|--|--|--------|-------|

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| 21. I attended the deceased from <u>10-27-55</u> to <u>8-31-61</u> and last saw her/him alive on <u>8-31-61</u><br>Death occurred at <u>7 P</u> on the date stated above, and to the best of my knowledge, from the causes stated. |
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|  |                                     |                                   |
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| 22a. SIGNATURE<br><u>John J. Cath M.D.</u> (Degree or title) | 22b. ADDRESS<br><u>634 N. Grand</u> | 22c. DATE SIGNED<br><u>9-1-61</u> |
|--|-------------------------------------|-----------------------------------|

|   |                            |  |  |                       |
|---|----------------------------|--|--|-----------------------|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>removal</u> | 23b. DATE<br><u>9-5-61</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>St. Peters Cemetery</u> | 23d. LOCATION (City, town, or county)<br><u>St. Louis County</u> | (State)<br><u>Mo.</u> |
|---|----------------------------|--|--|-----------------------|

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| 24. FUNERAL DIRECTOR<br><u>Drehmann-Harral, 1905 Union Blvd.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>SEP 2 1961</u> | REGISTRAR'S SIGNATURE<br><u>Earl Smith, M.D.</u> |
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

Dr. J. J. Roth  
Missouri Theatre Bldg.  
Hrs. 2-6 Fri. 10-11:30 Sat.

**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

*Warren A. Carver*

Licensed Embalmer No. 353x

P. O. Address \_\_\_\_\_

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.