

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-046861

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11541

STATE FILE NUMBER

FILED DEC 18 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Length of stay in 1b <i>4 days</i>	c. CITY OR TOWN <i>Affton</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Deaconess Hospital</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>6630 Lynbrook Dr.</i>
		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>Rose Regina Siedhoff</i>			4. DATE OF DEATH Month - Day Year <i>Dec 11 1961</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>3/31/1881</i>	9. AGE (last birthday) <i>80</i>	IF UNDER 1 YEAR Months <i>8</i> Days <i>10</i>
10a. USUAL OCCUPATION (Give kind of work done during some working life, even if retired) <i>Home Maker</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Curtain Home</i>	11. BIRTHPLACE (City and state or country) <i>Washington, Mo.</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Henry Speckmeyer</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Esser</i>		14. NAME OF HUSBAND OR WIFE <i>Anthony J. Siedhoff</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war & dates of service) <i>NO</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mrs. Geo. H. Schmidt</i>	

18. CAUSE OF DEATH (Enter only one cause per line for 18a, 18b, and 18c) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <i>3 hrs</i>
IMMEDIATE CAUSE (a) <i>Respiratory failure</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Coronary Heart Disease</i>	
DUE TO (c) <i>arteriosclerotic HT Disease</i>		"

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Liver Disease - 4:20.0</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? 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 Hour 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	COUNTY	STATE
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21. I attended the deceased from <i>8-12-61</i> to <i>12-11-61</i> and last saw her alive on <i>12-10-61</i>	
Death occurred at <i>9 A.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE (Degree or title) <i>Phillip Comens MD</i>	22b. ADDRESS <i>6500 Chippewa</i>	22c. DATE SIGNED <i>Dec 11, 61</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>Dec 14, 1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St. Francis Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Washington, Missouri</i>
FUNERAL DIRECTOR <i>Heberling &amp; Co., Washington, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>DEC 12 1961</i>	26. REGISTRAR'S SIGNATURE <i>Earl Smith M.D.</i>	

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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

*Lester A. Witt*

Licensed Embalmer No. 3254

P. O. Address Washington

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.