

**GERMAN UNION CEMETERY
THREE-GENERATION GENEALOGY**

Created By: Ronald R. Prinzing

UPDATED: May 24, 2014

Surname: **SIEMERS**

Name: **DEDIE**

NOTE: Correct Spelling of First Name is: **DEDERICK**

Middle Name If Any:

Gender: **MALE**

Date of Birth: **DECEMBER 18, 1871**

Place of Birth: **GERMANY**

Date of Death: **SEPTEMBER 3, 1939**

Place of Death: **RICE COUNTY – FARIBAULT, MINNESOTA**

Place of Burial: **GERMAN UNION CEMETERY – FOREST TOWNSHIP – RICE COUNTY –
MINNESOTA** Plot Number: **48i**

Father: **HENRY R. SIEMERS SR.**

Date of Birth: **AUGUST 27, 1838**

Place of Birth: **HANOVER, GERMANY**

Date of Death: **SEPTEMBER 30, 1904**

Place of Death: **FOREST TOWNSHIP – RICE COUNTY – MINNESOTA**

Place of Burial: **GERMAN UNION CEMETERY – FOREST TOWNSHIP – RICE COUNTY –
MINNESOTA** Plot Number: **47d**

Mother: **MARGARET MARY MEYER (MEYERS)**

Married Name: **SIEMERS**

Date of Birth: **JUNE 23, 1844**

Interred Name: **SIEMERS**

Place of Birth: **GERMANY**

Date of Death: **DECEMBER 3, 1919**

Place of Death: **FOREST TOWNSHIP – RICE COUNTY – MINNESOTA**

Place of Burial: **GERMAN UNION CEMETERY – FOREST TOWNSHIP – RICE COUNTY –
MINNESOTA** Plot Number: **47f**

Marital Status: **MARRIED**

Date: **DECEMBER 3, 1896**

1. **ALME-CARRIE CHRISTINA ENGBRODT (ENGBRET)** born: **SEPTEMBER 19, 1879**

Children:

NOTE: The Permit for Burial or Removal shows the place of burial to be UNION CEMETERY which is the same as the GERMAN UNION CEMETERY – FOREST TOWNSHIP – RICE COUNTY – MINNESOTA.

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This permit serves for a burial permit at destination
except where local ordinance requires local permit.

PLACE OF DEATH

County Rice

Township _____

OR

Village _____

OR

City Faultless

STATE OF MINNESOTA

REGISTRAR'S

No. _____

Permit for Burial or Removal

Date of death Sept 3 19 39

Full name Dedrick Semers Age 68-8-20 yrs.

Sex male Place of birth Germany

Disease causing death apoplexy

Medical coroner Proposed date of

attendant Dr. McKim burial or removal Sept 5 1939

Place of burial, removal or cremation Forest Township

(City, Vil. or Twp.)

Name of cemetery Union Cemetery Via auto

Undertaker Flora Ray Parker Address Faultless, Minn.

A certificate of death having been filed in my office in accordance with the laws of Minnesota, I hereby authorize the _____ of the

(Burial or Removal*)

body of deceased person as stated above. In case of death from a dangerous communicable disease, the burial or removal must be conducted according to the rules of the state and local board of health.

[Signature]
(Registrar of Deaths)

Dated Sept 5 19 39

Official Title

*Write "Burial" or "Removal" as the case may be. Burial permits must be delivered by the undertaker to the sexton. Removal permits must be given to the agent of transportation company, and attached by him to box containing body. Sub-registrars will write "Sub" before the words "Registrar of Deaths" and "Licensed Embalmer No. _____" below, always giving number of license. Fine or imprisonment for receiving a body for burial without permit.

Received _____ 19 _____ Sexton

Name of cemetery _____ Address _____

This form may be used for disinterment-reinterment in accordance with Regulation 23.

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