

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

7184

1. PLACE OF DEATH

County..... Registration District No. 791
 Townshp. Primary Registration District No. 1003
 City St Louis (No. 5750 Robbin Ave St. Ward)

File No.
 Registered No. 2058

2. FULL NAME

Henry W. Siewing
 (a) Residence. No. 5750 Robbin Ave St. 79 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mary Siewing
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 13, 1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 3 12
8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Bookkeeper
 (b) General nature of industry, business, or establishment in which employed (or employer) Cuppled
 (c) Name of employer Sta - JCP

9. BIRTHPLACE (CITY OR TOWN) St Louis
 (STATE OR COUNTRY) Mo
10. NAME OF FATHER Fred Siewing
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

14. INFORMANT Mary Siewing
 (Address) 5750 Robbin Ave
15. FILED 21 19 Mar 10 W. H. ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 25, 1930
17. I HEREBY CERTIFY, That I attended deceased from Jan 24 1930 to Feb 24 1930 that I last saw him alive on Feb 23 1930, and that death occurred, on the date stated above, at 7:10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Urinary Bladder
510
 (duration) yrs. - mos. - ds.
CONTRIBUTORY (SECONDARY) Exhaustion
 (duration) yrs. - mos. - ds. 14

18. WHERE WAS DISEASE CONTRACTED
49 NOT AT PLACE OF DEATH.
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Jan 24 1930
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) Dr. Geo. P. Stein M. D.
2/26 1930 (Address) 5536 Robbin Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peter's Cemetery **DATE OF BURIAL** Feb 28 1930
20. UNDERTAKER Drehmann / Fardal **ADDRESS** 1905 Union

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

10 - 2587

5536 Hobbs

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