WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

33571

File No. 8831

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 1[illegible]

Township ..... Primary Registration District No. 1[illegible]

City St Louis Mo (No. 3000 Missouri Ave St. ..... Ward)

2. FULL NAME Margareth Sievers

(a) Residence, No. ..... St., 24 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31th 1875

7. AGE: YEARS 56 | MONTHS 11 | DAYS 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

FATHER

13. NAME Wm. Sievers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER

15. MAIDEN NAME Gesina Rohen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Wm J Sievers 3000 Missouri Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peter & Paul DATE Oct 5th 1932

19. UNDERTAKER (ADDRESS) J H Gebken L & U. Co. 2628 Gravois Ave

20. FILED OCT -3 1932 19 Max C. Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1932, to Oct 2, 1932

I last saw her alive on Oct 2, 1932 Death is said to have occurred on the date stated above, at 9 45 a. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage | Date of onset Oct 1 1932

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Other contributory causes of importance: Diabetes Mellitus | Sept 6 1932

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) A. E. Tinek, M. D.

(Address) 2540 So Jefferson Ave