DEC 12 1935

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

Do not use this space.

791

37382

1. PLACE OF DEATH

County ..... Registration District No. ..... 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 9342

City St. Louis (No. St. Lukes Hospital St. ..... Ward)

2. FULL NAME Henry A. Sievert

(a) Residence, No. 2143 Louise St., N.R. 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: Susie Sievert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 13, 1863

7. AGE: YEARS 71 | MONTHS 11 | DAYS 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Milling Machine
10. Date deceased last worked at this occupation (month and year): Oct. 1935
11. Total time (years) spent in this occupation: 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Charles Co Missouri

FATHER

13. NAME: Henry Sievert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hanover Germany

MOTHER

15. MAIDEN NAME: Mary Dickburn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. William Ross 2143 Louise Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St Charles Mo. DATE: Nov. 7, 1935

19. UNDERTAKER (ADDRESS): Shepard Funeral Home 1167-69 Hamilton Ave.

20. FILED: NOV -6 1935, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 26, 1935, to November 5, 1935

I last saw him alive on November 5, 1935. Death is said to have occurred on the date stated above, at 11 a. m.

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

Acute sepsis probably endocarditis Oct. 25, 1935
Cardiovascular hypertension ? yrs.
Chronic nephritis ? yrs.
Chronic myocarditis ? yrs.

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Other contributory causes of importance:

Rt. knee ~~[illegible]~~ Oct. 25, 35
Septic Arthritis
Non Tuberculous

Name of operation: None Date of: None

What test confirmed diagnosis: Clinical Was there an autopsy? No

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) J. Fred W. Clark, M. D.

(Address) 5 C 4 Hamilton Ave St Louis Mo

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.

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