

*Mr. Clark 22719*

Registration District No. *784*

Primary Registration District No. *200*

Registrar's No. *1228*

1. PLACE OF DEATH:

(a) County *St. Louis*  
(b) City or town *Olivette*  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: *Elmwood & Olive St. Rds.*  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *St. Louis*  
(c) City or town *Olivette*  
(If outside city or town limits, write "RURAL")  
(d) Street No. *Elmwood & Olive Rds.*  
(If rural, give location)  
(e) Citizen of foreign country?  (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME *EMMA SIEVERS*

3. (b) If veteran, name war *none*  
3. (c) Social Security No. *None*

4. Sex *F*  
5. Color or race *W*  
6. (a) Single, widowed, married, divorced *W*  
(b) Name of husband or wife *Gottlieb Sievers*  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased: *July 21 1860*  
(Month) (Day) (Year)

8. AGE: Years *81* Months *10* Days *19*  
If less than one day hr. min.

9. Birthplace *Clayton Mo.*  
(City, town, or county) (State or foreign country)

10. Usual occupation *Housewife*

MOTHER FATHER

11. Industry or business  
12. Name *Aug. Elbring*  
13. Birthplace *Clayton Mo.*  
(City, town, or county) (State or foreign country)  
14. Maiden name *Marie Halzner*  
15. Birthplace *Germany*  
(City, town, or county) (State or foreign country)

16. (a) Informant *Ferdinand Sievers*

(b) Address *Clayton, Mo.*

17. (a) *Burial* (b) Date thereof *6-12-41*  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Inmanuel with care.*

18. (a) Signature of funeral director *Blumhardt Bros. Inc.*

(b) Address *2506 Woodson Rd. Overland Park*

19. (a) *JUN 12 1941* (b) *M. Meyer, M.D.*  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *June* day *9*  
year *1941* hour *11* minute *30* P.M.

21. I hereby certify that I attended the deceased from *May 16 1941* to *June 9 1941*;  
that I last saw her alive on *June 9 1941*  
and that death occurred on the date and hour stated above.

Immediate cause of death *Cerebral Thrombosis* Duration *1 da*

Due to *Endocarditis Cur. 20 yrs*

Due to *92 d*

Other conditions *Hypertension* *20 yrs*  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place) (e) Means of injury

23. Signature *Dr. K. Meyer* M.D. or other  
Address *340 Burnside* Date signed *6-11-41*

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2  
-41  
-39  
K26390

FILED JUL 7 1941

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**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**