

No. 2
-13-40
-17-39
X23159

FILED AUG 28 1941 791

Registration District No.

Primary Registration District No. **1003**

Registrar's No. **5570**

079
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4967 Maffit Place
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1**
(Specify whether years, months or days)

In this community.....

3. (a) PRINT FULLNAME **Theodore H. Sievert**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **Male** 0

5. Color or race **White**

6. (a) Single, widowed, married, divorced. **Married**

6. (b) Name of husband or wife **Lena Stark Sievert**

6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **1 - 31 - 1867**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74 6 2 hr. min.

9. Birthplace **St. Louis, Missouri** 0
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **President Manchester Bank**

12. Name **Unknown**

13. Birthplace **Unknown** **Germany** 4
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** **Germany** 4
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. A. J. O'Malley**

(b) Address **4777 Eichelberger Ave.**

17. (a) **Burial** (b) Date thereof **7/7/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. **Sunset Burial Park**

18. (a) Signature of funeral director **[Signature]**

(b) Address **Clayton Road at Concordia Lane**

19. (a) **JUL 7 1941** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **4967 Maffit Place**
(If rural, give location)

(e) If foreign born, how long in U. S. A? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **3** year **1941** hour **8:53** minute **P** M.

21. I hereby certify that I attended the deceased from **January 1939** to **July 3 1941**, 1941, that I last saw him alive on **July 3 1941**, 19....; and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** 27 years

Due to **Arterio Sclerosis**

Due to **Hypertrophic Cardiopathy**

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **[Signature]** (M. D. number) **0**

Address **1537 S. Broadway** Date signed.....

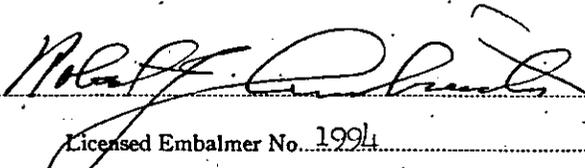
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STATEMENT BY LICENSED EMBALMER

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.....


.....
Licensed Embalmer No. 1994.....

P. O. Address..... Clayton, Missouri.....

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

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