

FILED MAR 5 1945

State File No.

Registration District No. 263

Primary Registration District No. 4236

Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County... **Warren**

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

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

(d) Length of stay: In hospital or institution... _____
In this community... **life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **Henry F. Sievert**

3. (b) If veteran, name war _____

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **7**
year **1945** hour **5:05** minute **P.** M.

4. Sex... **male**

5. Color or race... **white**

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

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

6. (c) Age of husband or wife if alive... **74** years

7. Birth date of deceased... **August 26, 1868**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 7**, 19**45**, to **Jan 7**, 19**45**
that I last saw him alive on **Jan 7**, 19**45**
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
76	2	11	hr. min.

Immediate cause of death... **Cerebral Thrombosis**

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

Due to... **Chronic Cardio-Vascular-Renal Disease**

Due to... **Scurvy**

10. Usual occupation... **Farmer**

Other conditions... (Include pregnancy within 3 months of death)

11. Industry or business

MOTHER FATHER { 12. Name... **Herman Sievert**

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

14. Maiden name... **Frederika Roehmer**

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

Major findings: **1/2/45**

Of operations

Of autopsy

16. (a) Informant... **Mrs. Minnie Sievert**

(b) Address... **Warrenton, Mo. R.F.D.**

17. (a) **Burial** (b) Date thereof... **1-10-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... **Lippstadt-Warren Co.**

PHYSICIAN

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director... **J. W. Meburg**

(b) Address... **Warrenton, Mo.**

19. (a) **Jan. 10, 1945** (b) **Ethel Kehr**
(Date received local registrar) (Registrar's signature)

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)

23. Signature... **Warrenton Mo** (Date signed... **1-8-45**)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 3-3-45

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.....

working under my personal supervision.

John E. Herlinger

Registered Apprentice No. 375

Signed.....

John J. Uehling

Licensed Embalmer No. 3897

P. O. Address Warrenton, Mo.

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.