

PREP JUL 11 1945

State File No. _____

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1673

1. PLACE OF DEATH: ST. LOUIS COUNTY,

(a) County St. Louis County
 (b) City or town Jennings
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Halls Ferry Memorial Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 weeks
 In this community 63 years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ST. LOUIS COUNTY
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3452 Park
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Herman H. Sieving
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1945 hour 12: minute 30 A.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Christine Grannemann 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased September 6, 1861
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 22 1945 to June 30 1945 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>9</u>	<u>24</u>	hr. min.

Immediate cause of death Myocardial Infarction Duration _____

9. Birthplace Venedy Illinois
 (City, town, or county) (State or foreign country)

Due to Myocardial Infarction
 Due to 830

10. Usual occupation Retired Shoe Repairer

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

11. Industry or business Shoe Industry

MOTHER FATHER

12. Name John Frederick Sieving
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Louise Wehmuller
 15. Birthplace "
 (City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy _____

16. (a) Informant Mr. Martin Sieving
 (b) Address 1909 Alfred

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? _____

17. (a) Burial (b) Date thereof 7-2-45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Concordia Cemetery

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

18. (a) Signature of funeral director Beiderwieden F H Inc
 (b) Address 1936 St. Louis Avenue

23. Signature M. Shary (M. D. or other) _____
 Address 207 - Chase Bldg Date signed 6-30-45

19. (a) JUL 7 1945 (b) Dr. E. G. McManis
 (Date received local registrar) (Registrar's signature)

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

11
16
0

1945

Dr. Nellie Shaver
Chase Building
4932 Maryland

ST. LOUIS COUNTY
9:00 P.M.

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. 3727

P. O. Address. 1936 N. Lincoln

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.