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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1594

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: Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community years, months or days)

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. 3610 Wyoming Street
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HERMAN HENRY SIEVERS

3. (b) If veteran, name war None

3. (c) Social Security No. 491-12-8727

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Garcia Davis Sievers

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased February (Month) 25, (Day) 1866 (Year)

8. AGE: Years 79 Months 11 Days 19 If less than one day hr. min.

9. Birthplace Davenport (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Printer

11. Industry or business St. Louis Post-Dispatch

FATHER
12. Name Unknown Sievers
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Garcia Davis Sievers
(b) Address 3610 Wyoming Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 18, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Old S. S. Peter & Paul Cem.

18. (a) Signature of funeral director Wm. J. Robert L. & U. Co.
(b) Address 1905 So. Grand Blvd.

19. (a) FEB 16 1946 (Date received local registrar) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Months February day 14 year 1946 hour 11 minute 30 P M.

21. I hereby certify that I attended the deceased from June 22, 1945 to Feb 14, 1946 that I last saw him alive on Feb 14, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Liver insufficiency	1 mo
Due to: Multiple myelomatosis	?
Due to: Infiltration of liver	
Due to: Multiple myelomas	?
Other conditions: Diabetes mellitus (Include pregnancy within 3 months of death)	?

Major findings:
Of operations
Of autopsy See above

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)
While at work? (e) Means of injury

23. Signature E. W. Schroder (M. D. or other)
Address 3720 Washington Date signed 2/15/46

(Licensed Embalmer's Statement on Reverse Side)

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

6895

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 Rex Campbell

Licensed Embalmer No. 3881

P. O. Address St Louis, 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.