

**FILED JUN 6 1946**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4026**

**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:  
1643 Texas Avenue  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community 40 years (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** PANCRAS (BEN) SIEVE  
 3. (b) If veteran, name war 1 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased February 5 1885  
 (Month) (Day) (Year)

**8. AGE:** Years 61 Months 3 Days 26 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Freight Elevator Opr

11. Industry or business Scruggs-Vandervoorts

12. Name Unknown

13. Birthplace \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

16. (a) Informant Ida Burleman

(b) Address 4416 Wallace Ave

17. (a) Burial (b) Date thereof 5-1-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director AW McLaughlin

(b) Address 2301 LaFayette Ave

19. (a) JUN 3 1946 (b) J. F. Breach  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1643 Texas Avenue  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH Month May day 31st  
 year 1946 hour 7:30 minute 2 M.  
 21. I hereby certify that I attended the deceased from 2 Mar 1946 to 31 May 1946  
 that I last saw him alive on 15 May 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death chr. myocarditis  
Due to cirrhosis of liver  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 124

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)

(c) Means of injury 0

23. Signature Frank Cleary (M. D. or other) \_\_\_\_\_

Address 1935 Park Date signed 3 May 46

6/1 1752

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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..... *L.R. Cooper*.....  
Licensed Embalmer No. *3633*.....  
P. O. Address *2301 Lafayette*.....

**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.