

FILED JUN 6 1948
318

Registration District No. Primary Registration District No. **1003**

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:
3611 Ohio Avenue /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **78 years**
 years, months or days

3. (a) PRINT FULL NAME KATHERINE SIEVING

3. (b) If veteran, name war - - - **3. (c) Social Security No. None**

4. Sex Female **5. Color or race White** **6. (a) Single, widowed, married, divorced Single**

6. (b) Name of husband or wife - - - **6. (c) Age of husband or wife if alive - - - years**

7. Birth date of deceased June 19 1868
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 11 4 hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Christian H. Sieving
13. Birthplace Hanover Germany
 (City, town, or county) (State or foreign country)
14. Maiden name Mary Brockschmidt
15. Birthplace Venedy Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Edwin H. Sieving
(b) Address 3611 Ohio Avenue

17. (a) Burial **(b) Date thereof 5-25-46**
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery

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

19. (a) MAY 24 1948 J. F. Bredeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **dao**
 (c) City or town **St. Louis** **24/7**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **3611 Ohio Avenue** **9**
 (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 23
 year **1946** hour **6** minute **45 P.M.**

21. I hereby certify that I attended the deceased from Oct 20 1945 to May 23 1946
 that I last saw her alive on **May 23** and that death occurred on the date and hour stated above.

Immediate cause of death. **Apoplexy (Cerebral)** **Duration**

Due to _____

Due to **General Arterio Sclerosis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **None** **Physician**
 Of operations **None** **Underline the cause to which death should be charged statistically.**
 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**
23. Signature B. W. Klippel M.D. **(M. D. or other)**
Address 3115 South Grand Blvd. **Date signed 5/24/46**

Embal Rep Cert To be filed
MAY 24 1948

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.....*John J. Krupin*.....

Licensed Embalmer No. *3497*

P. O. Address.....*1936 St. Louis*.....

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.