

FILED FEB 20 1948

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3117a Rauschenbach  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: \_\_\_\_\_ (Specify whether years, months or days)

In this community 2 months & 1 day

3. (a) PRINT FULL NAME Mr. John Frederick SeEVERS

3. (b) If veteran, \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

name war \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wilhelmina Weddingsfeld 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased May 6, 1867  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	9	1	hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name Ludwig SeEVERS

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

14. Maiden name Unknown

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

16. (a) Informant Mr. E. C. SeEVERS

(b) Address 3117a Rauschenbach

17. (a) REMOVED (b) Date thereof 2/8/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plainview, Nehr

18. (a) Signature of funeral director Beiderwieden F. H. INC

(b) Address 1936 St. Louis Avenue

19. (a) \_\_\_\_\_ (b) J. J. Bruck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 3117a Rauschenbach  
20 (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7  
year 1948 hour 10 minute 48 P. M.

21. I hereby certify that I attended the deceased from Jan 4, 1948 to Feb 7, 1948  
that I last saw him alive on Feb 7, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease 2 ym

Due to 94

Due to Arteriosclerosis 2 ym

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

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? \_\_\_\_\_ (Specify type of place)

• While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. J. Bruck (M. D. or other) MD  
Address 4222 N. Grand Date signed 2-1-48

MOTHER FATHER

1320

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.....

*Walter Coulson*

Licensed Embalmer No..... *4114* .....

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

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.