

FILED APR 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 422

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>422</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>				
b. CITY OR TOWN <u>Jennings</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Jennings</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>8525 Clifton Ave</u>				d. STREET ADDRESS (If rural, give location) <u>8525 Clifton Ave</u>				
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Rose</u>		b. (Middle)		c. (Last) <u>Sievers</u>		
				4. DATE OF DEATH		(Month) (Day) (Year) <u>Feb. 22 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>July 6, 1858</u>		
				9. AGE (In years last birthday) <u>90</u>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>St. Louis Missouri</u>		
						12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Barnabas Stueber</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William A. Sievers 8525 Clifton Ave</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr Myocarditis</u> DUE TO (c) <u>Old age</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>422</u>					INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>93d</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Jan 1942</u> , to <u>Feb 23, 1949</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:45 A. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree of title) <u>Wm. Hermann</u>				23b. ADDRESS <u>6704 W. Flourent</u>		23c. DATE SIGNED <u>2/23/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 25, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Friedens Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>2-23-49</u>		REGISTRAR'S SIGNATURE <u>Wm. Hermann</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Math. Hermann &amp; Son, Inc. 2161 E. Fair Ave</u>				

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

96000

DATE OF DEATH  
PLACE OF DEATH  
CITY  
STATE  
COUNTY  
SEX  
AGE  
MARRIAGE  
RELIGION  
OCCUPATION  
EDUCATION  
MILITARY SERVICE  
MILITARY GRADE  
MILITARY BRANCH  
MILITARY SERVICE NUMBER  
MILITARY SERVICE DATES  
MILITARY SERVICE DUTY STATION  
MILITARY SERVICE TYPE OF SERVICE  
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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 \_\_\_\_\_

working under my personal supervision. Student Embalmer No. \_\_\_\_\_

Signed William G. Buckholz  
Licensed Embalmer No. 2110 J  
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.