

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH31852
State File No.
8329
Registrar's No.

BIRTH NO.		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (In this place) <u>1 Mo.</u>		d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		e. STREET ADDRESS (If rural, give location) <u>378 Lookout Drive</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>H.</u> c. (Last) <u>Sieveking</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>September 20, 1951</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 14, 1866</u>	
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Minister</u>		11. BIRTHPLACE (State or foreign country) <u>Calcutta, India</u>	
12. CITIZEN OF WHAT COUNTRY? <u>7</u>		13a. FATHER'S NAME <u>John Henry Sieveking</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Classen</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Luise Sieveking</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. George H. Sieveking, 378 Lookout Dr.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Prostatic Carcinoma</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u> <u>18 Mo.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>177X</u>			
22. I hereby certify that I attended the deceased from <u>July 5, 1946</u> , to <u>Sept. 20, 1951</u> , that I last saw the deceased alive on <u>Sept. 20, 1951</u> , and that death occurred at <u>7:30A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Clarence E. Mueller, M.D.</u>				23b. ADDRESS <u>634 N. Grand Blvd.</u>		23c. DATE SIGNED <u>9-20-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/22/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Friedens Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>SEP 20 1951</u> <u>Carl Smith</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Math Hermann & Son Inc. 2161 E. Fair Ave.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Student Embalmer No. _____

Signed _____

Glen W. Hatz

Licensed Embalmer No. _____

P. O. Address _____

3737

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.