

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25234

State File No. ....

FILED AUG 2 - 1954

67511

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>5518 Tennessee Ave.</b>				e. STREET ADDRESS (If rural, give location) <b>15 5518 Tennessee Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>OSCAR</b>		b. (Middle) <b>A.</b>		c. (Last) <b>SIEVEKING</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 21 1954</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>October 29, 1904</b>	
9. AGE (In years last birthday) <b>49</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman-Hartgraves Real Estate Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Real Estate Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Granite City, Ill.</b>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <b>Ernest Sieveking</b>		13b. MOTHER'S MAIDEN NAME <b>Lidia Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Elsie S. Sieveking</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Elsie S. Sieveking</b> ADDRESS <b>5518 Tennessee Av</b>			
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) <b>Coronary Thrombosis</b>  ANTECEDENT CAUSES DUE TO (b) <b>None</b> DUE TO (c) <b>None</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>None</b>				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) <b>H201</b>			
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? _____			
22. I hereby certify that I attended the deceased from <b>10:12</b> to <b>July 21, 1954</b> that I last saw the deceased alive on <b>July 21, 1954</b> , and that death occurred at <b>9:00 A. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>[Signature]</b>				23b. ADDRESS <b>La. Sub. 11th St. only</b>		23c. DATE SIGNED <b>7-21-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal (Mtr)</b>		24b. DATE <b>7-24-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Edwardsville, Ill.</b>	
DATE REC'D BY LOCAL REG. <b>JUL 21 1954</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b> ADDRESS <b>4228 S. Kingshighway Bl.</b>			

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

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Richard W. Storran*.....

Licensed Embalmer No. *40*.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.