

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 24 1956

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State File No. 29132
Registrar's No. 6857

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		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</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY OR TOWN <u>ST. LOUIS</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1624A HELEN-ST.</u>				e. STREET ADDRESS (If rural, give location) <u>26 1624A HELEN-ST. 22690</u>					
3. NAME OF DECEASED (Type or Print) <u>JOSEPH-HENRY-SIEVERS</u>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY-21ST-1956</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>MAR. 25TH 1896</u>			
9. AGE (In years last birthday) <u>60 YRS.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DIRECTOR-OF-EMPLOYEES-RELATIONS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NOOTER-CORP</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS - MO.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JOSEPH-J. SIEVERS</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET-BECK (DECD)</u>		14. NAME OF HUSBAND/OR WIFE <u>BERNICE-E-SIEVERS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES: 4-27-1918 TO 4-4-1919</u>		16. SOCIAL SECURITY NO. <u>493-07-7665</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>BERNICE E. SIEVERS - 1624A HELEN-ST.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crown Arteriosclerosis</u> ANTECEDENT CAUSES <u>Chronic Nephritis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arterio-sclerosis of spine & heart</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1-2 hours</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____		21f. HOW DID INJURY OCCUR? <u>420.1</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>8-1-51</u> , 19 <u>51</u> , to <u>7-21-</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5-25</u> , 19 <u>56</u> , and that death occurred at <u>12:15 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Low J. Osterm</u> (Degree or title) _____		23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>7-23-56</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY-24TH 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY-CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS - MO.</u>			
DATE REC'D BY LOCAL REG. <u>JUL 23 1956</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Brockland Und. Co. 1827-HOGAN-ST.</u>					

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

7196

(Licensed Embalmer's Statement on Reverse Side)

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 *Elmer R. Padwell*.....

Licensed Embalmer No. *407*.....

P. O. Address *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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.