

NOV 18 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35337
Do not use this space.

1. PLACE OF DEATH
 (a) County Cape Girardeau Registration District No. 124
 (b) Township Jackson Primary Registration District No. 4070
 (c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME August Sievers Sr.
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Rathune Rensel Sievers
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 9, 1855
 7. AGE YEARS 83 MONTHS 1 DAYS 23 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired farmer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Mo
 (STATE OR COUNTRY) Cape Girardeau County

13. NAME August Sievers

14. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

15. MAIDEN NAME Dora Krumm

16. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

17. INFORMANT Mr. Ida Moll
 (ADDRESS) Jackson Mo

18. BURIAL, CREMATION, OR REMOVAL none
 PLACE Rensel Heights DATE Oct 4, 1938

19. FUNERAL DIRECTOR (NAME) Macle-Wilson, Stalle
 (ADDRESS) Jackson Mo

20. FILED 10-40 19 38 D. G. Siebert
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 2nd, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1938, to Oct 2, 1938, 1938
 I last saw him/her alive on Oct 2, 1938. Death is said to have occurred on the date stated above, at 11:07 a.m.
 The principal cause of death and related causes of importance were as follows:

Pneumonia, Lobar
108
 Date of onset _____

Other contributory causes of importance:
arterio H. sclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Benjamin W. Hayes, M. D.
 (Address) Jackson Mo

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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,

Glenn Wilson

Registered Apprentice No....., working under my personal supervision.

Signed *Glenn Wilson*

Licensed Embalmer No. *2828*

P. O. Address *Jackson 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, above space should be left blank.