

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **23828**

**AUG 25 1940**  
Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **6273**

**1. PLACE OF DEATH:**

(a) County St. Louis, Mo.

(b) City or town St. Louis, Mo.

(c) Name of hospital or institution: City Hospital  
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis **23**  
(If outside city or town limits, write "RURAL")

(d) Street No. 2418 South 18th. Street  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Henry Peter Sievers **113**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife unk 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 27, 1865.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>11</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name Bernard Sievers **6**

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Adeline Schremp **6**

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Sievers

(b) Address 2418 S. 13. Street

17. (a) Burial (b) Date thereof 7/27/40/  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waterloo, Ills.

18. (a) Signature of funeral director J. F. Bredeck

(b) Address 2630 Gravois Avenue

19. (a) Ill 24 1940 (b) J. F. Bredeck  
(Date recorded locally) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH, Month July day 24  
year 1940 hour 10:15 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis  
Capillary Myocardial  
Heart Failure

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Includes pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 958

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

23. Signature Alfred Terry (M. D. or other)

Address Deputy Coroner Date signed 7/29/40

WARREN PERINELI - USE COPYING BLACK INK - MAKE A PERMANENT RECORD

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.

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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.....

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

Signed Robert F. Gibken

Licensed Embalmer No. 4144

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 this body is not embalmed, above space should be left blank.**