S. No. 2-
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1945

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 8249

Registrar's No. 2971

1. PLACE OF DEATH:

(a) County

(b) City or town St.Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3735 Texas
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether years, months or days)
In this community 18 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County

(c) City or town New Minden
(If outside city or town limits, write "RURAL")

(d) Street No. —
(If rural, give location)

N.R.

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Rev. Theo. Sieving

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louise, nee Flachsbart

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March (Month) 4 (Day) 1876 (Year)

8. AGE: Years 69 Months 0 Days 27 If less than one day hr. min.

9. Birthplace Lincoln (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Clergyman

11. Industry or business Church

MOTHER FATHER

12. Name Rev. E. A. Sieving

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

14. Maiden name Marie Cuerl

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

16. (a) Informant Louise Flachsbart

(b) Address New Minden, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-45 (Month) (Day) (Year)

(c) Place: burial or cremation Our Redeemer Luth. Cem.

18. (a) Signature of funeral director Beiderwieden F.H., Inc.

(b) Address 1936 St.Louis Ave.

19. (a) APR 3 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31 year 1945 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Mar. 19th, 1945 to Mar. 31st, 1945 that I last saw him alive on Mar. 31st, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary sclerosis	3 mos.
Due to nephritis	4 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature G. M. Schweickert (M. D. or other)

Address 5182 Rosa Ave Date signed Apr. 2 '45

(Licensed Embalmer's Statement on Reverse Side)

Dr. B. M. Schurich
5182 Rosa
Lo. 2110 11 A

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. Felix J. Krispin

JUN 8 1945

Licensed Embalmer No. 3497

P. O. Address 1936 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 this body is not embalmed, fact should be so stated above.