

No. 2  
M-5-43  
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P I X-6671

**FILED SEP 9 1946**  
318

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003** Registrar's No. **7433**

**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:  
**4560 Arlington Ave.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community **Life** (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4560 Arlington Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Nellie Siewing**  
**3. (b) If veteran, name war** **No** **3. (c) Social Security No.** **None**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **August** day **26th**  
year **1946** hour **9** minute **45** P.M.

**4. Sex** **Female** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Widowed**  
**6. (b) Name of husband or wife** **Louis Siewing** **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** **December 30th, 1875.**  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>70</b>	<b>7</b>	<b>26</b>	_____ hr. _____ min.

**Immediate cause of death**  
**Crown thrombosis**  
**9/4**  
**Due to** \_\_\_\_\_  
**Due to** \_\_\_\_\_  
**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**9. Birthplace** **St. Louis, Missouri.**  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** **Housework**

**11. Industry or business** \_\_\_\_\_  
**12. Name** **Unknown Krueger**  
**13. Birthplace** **Unknown**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Unknown**  
**15. Birthplace** **Unknown**  
(City, town, or county) (State or foreign country)

**Major findings:**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

**16. (a) Informant** **Mr. Eugene Siewing**  
**(b) Address** **4560 Arlington Ave.**  
**17. (a) Burial** **(b) Date thereof** **Aug. 29, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Hiram Cemetery.**

**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?** \_\_\_\_\_

**18. (a) Signature of funeral director** **Calvin F. Feutz**  
**(b) Address** **4828 Natural Bridge Blvd.**  
**19. (a) AUG 28 1946** **J. J. Braddock**  
(Date received local registrar) (Registrar's signature)

**23. Signature** \_\_\_\_\_ (Specify type of physician)  
**(M. D. or other)** **3**  
**Date signed** **8/28/46**

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

27905

MAR 5 1957

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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 John A. Mena  
Licensed Embalmer No. 4186  
P. O. Address St. Louis 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, fact should be so stated above.**