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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNITED STATES HEALTH DEPARTMENT  
STANDARD CERTIFICATE OF DEATH

State File No. **32221**  
Registrar's No. **8144**

**FILED SEP 30 1946**  
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County MISSOURI

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

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

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

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

3. (a) PRINT FULL NAME BERNARD SIEVERS

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 492-01-6657

4. Sex MALE 5. Color or race white

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

6. (b) Name of ~~husband~~ or wife ETHEL 6. (c) Age of ~~husband~~ or wife if alive 37 years

7. Birth date of deceased MAY 7 1903  
(Month) (Day) (Year)

8. AGE: Years 43 Months 4 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation SHOECUTTER

11. Industry or business INTERNATIONAL SHOE

MOTHER FATHER

12. Name ULRICH SIEVERS 4

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

14. Maiden name ANNA STOLZE

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

16. (a) Informant ETHEL J. SIEVERS

(b) Address 814 GEYER

17. (a) BURIAL (b) Date thereof SEPT. 23 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW S.S. PETER & PAUL

18. (a) Signature of funeral director Production & form

(b) Address 2906 GRAVOIS

19. (a) SEP 22 1946 (b) J. F. Bredenk  
(Date received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS 2317  
(If outside city or town limits, write "RURAL")

(d) Street No. 814 GEYER 9  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 20  
year 1946 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from March 21st 1942 to Sept 20 1946  
that I last saw him alive on Sept 1 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 2  
Duration

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

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

Other conditions Hypertension 5 years  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury 0

23. Signature John J. Kennelly (M. D. or other) \_\_\_\_\_  
Address 202 Rippen Adams Date signed 9/21/46

NOV 1 4 1950

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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..... *Leo J. Budde*.....

Licensed Embalmer No. *3989*.....

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.**