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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39095**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10170**

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution:
4873 PAGE BLVD.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. LOUIS

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

(d) Street No. 4873 Page Blvd
(If rural, give location)

(e) Citizens of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME VIIMA SIEVERS

3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27 year 1946 hour 8 minute P M.

21. I hereby certify that I attended the deceased from Aug. 2, 1944 to Nov. 27, 1946
that I last saw her alive on Nov. 27, 1946
and that death occurred on the date and hour stated above.

4. Sex F **5. Color or race** W

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

6. (b) Name of husband or wife Hugo **6. (c) Age of husband or wife if** 9 years

7. Birth date of deceased: Jan 15 1874
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis Duration 3 days

Due to Hypertension 23 years

8. AGE: Years 72 Months 10 Days 17 If less than one day hr. _____ min. _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94

9. Birthplace New York (City, town, or county) N.Y. (State or foreign country)

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

10. Usual occupation HOUSE WIFE

11. Industry or business SELF

12. Name Dora Knud Deutch

13. Birthplace Dora Knud (City, town, or county) Denmark (State or foreign country)

14. Maiden name Katherine KAPKA

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

16. (a) Informant Mrs. R. L. Cooper

(b) Address 1 Kansas City Mo.

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Nov/29/46 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

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 Provost

(b) Address 3746 Grand Blvd

19. (a) NOV 29 1946 (Date received local registrar) **(b)** J. F. Brudeck (Registrar's signature)

23. Signature Dolan (Specify type of place) While at work (b) Means of injury 0

Address 508 N. Grand Blvd, **Date signed** 11/28/46

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 W E Morris
Licensed Embalmer No. 3360
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, fact should be so stated above.