Y. S. No. 2
0M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 15 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26060

Primary Registration District No. 1003

Registrar's No. 7414

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: City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1yr 11mos 29days. In this community: 74years (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.: ~~5400 Arsenal St.~~ ~~2010 Kossuth~~ 17
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: FRANK SIEVERS

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Henrietta Sievers

6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: January 21 1874 (Month) (Day) (Year)

8. AGE: Years 73 | Months 6 | Days 14 | If less than one day ... hr. ... min.

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

10. Usual occupation: Factory Worker

11. Industry or business: ----

FATHER
12. Name: Leonard Sievers
13. Birthplace: Unk. (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name: Mary Helenhorse
15. Birthplace: Unk. (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant: Thelma A. Sengler
(b) Address: 5400 Arsenal St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/8/47 (Month) (Day) (Year)
(c) Place: burial or cremation: New Bethlehem Cem.

18. (a) Signature of funeral director: Suedmeyer & Son's
(b) Address: 3934 N. 20 Street

19. (a) AUG 7 1947 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5th year 1947 hour 6:00 minute A.M.

21. I hereby certify that I attended the deceased from August 6 1945 to August 5 1947 that I last saw him alive on August 5 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pelvic Abscess	3 weeks
Due to: Cause not known	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 152	
Major findings: Of operations:	
Of autopsy: yes	

PHYSICIAN — Underline the cause of 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: 0

23. Signature: Paul T. Hartman (M. D. or ~~other~~)
Address: 5400 Arsenal St Date signed: 8/5/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 me

Registered Apprentice No.

working under my personal supervision.

Signed G. G. Smithers

Licensed Embalmer No. 3916

P. O. Address 3934 N. 20 St

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.