

FILED MAY 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18661

318

REG. DIST. NO. 1003

Registrar's No. 4194

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo				b. COUNTY			
d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS 2249		d. STREET ADDRESS (If rural, give location) 3000 A MISSOURI AVE					
3. NAME OF DECEASED (Type or Print) a. (First) ANNA				b. (Middle)		c. (Last) SIEVERS		4. DATE OF DEATH (Month) (Day) (Year) MAY 6 1950			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH MAY 31-1872		9. AGE (In years last birthday) 77			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) ST LOUIS MO 0			12. CITIZEN OF WHAT COUNTRY?				
13a. FATHER'S NAME WILLIAM SIEVERS			13b. MOTHER'S MAIDEN NAME GESINA ROHEN			14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Frank Santen					ADDRESS 2612 So. 13 St		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intermittent sclerotic DUE TO (c) Hypertensive Cardiac II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Vascular Renal Disease				INTERVAL BETWEEN ONSET AND DEATH about 1 hour about 12 hrs about 1 1/2 hrs			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 42.01							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from Jan 1 - 1949, to May 6, 1950, that I last saw the deceased alive on May 6, 1950, and that death occurred at 11:30 P.M., from the causes and on the date stated above.											
23a. SIGNATURE Frank Santen				(Degree or title) D.D.S.		23b. ADDRESS 3606 Francis Ave		23c. DATE SIGNED May 8, 1950			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 10-1950		24c. NAME OF CEMETERY OR CREMATORY St Peter & Paul Cem.		24d. LOCATION (City, town, or county) (State) St Louis Mo					
DATE REC'D BY LOCAL REG. MAY 9 1950		REGISTRAR'S SIGNATURE J. R. Santen			25. FUNERAL DIRECTOR'S SIGNATURE Wm J. Robert & Co		ADDRESS 1905 So. Grand				

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

J. Allen Davis Jr
Licensed Embalmer No. 40530

Signed.....
Student Embalmer

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.