

FILED APR 27 1951

STANDARD CERTIFICATE OF DEATH

1003 State File No. 14740  
3674

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** 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 <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2029</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4321 Holly Hills</b>		d. STREET ADDRESS (If rural, give location) <b>4321 Holly Hills</b>	

3. NAME OF DECEASED (Type or Print) <b>August Sievers</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4/18/51</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 24, 1893</b>	9. AGE (In years last birthday) <b>57</b>	# UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Optician</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>George Sievers</b>	13b. MOTHER'S MAIDEN NAME <b>Lena Schroeder</b>	14. NAME OF HUSBAND OR WIFE <b>Mildred</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>---</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mildred Sievers--4321 Holly Hills</b>

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Liver</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Liver and Gall Bladder filled with cancer cells</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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? <b>155x</b>	

22. I hereby certify that I attended the deceased from **Jan 17, 1951**, to **Apr 18, 1951**, that I last saw the deceased alive on **Apr 18, 1951**, and that death occurred at **7:55p m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. H. Oberhelman</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>3903 Olive</b>	23c. DATE SIGNED <b>4/18/51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4/21/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>N. St. Marcus Cem.</b>
		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri</b>

DATE REC'D BY LOCAL REG. <b>APR 19 1951</b>	REGISTRAR'S SIGNATURE <b>J. B. Rasater</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wacker-Helderle 3634 Gravois</b>
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WRITE PLAINLY—USING UNFADING 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.....  
Student Embalmer

Signed *Robert Wheeler*

Licensed Embalmer No. *2128*

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.