

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

3000		STANDARD CERTIFICATE OF DEATH		State File No.	
AUG 15 1952		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
BIRTH NO.		REG. DIST. NO. 318		Registrar's No. 7191	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION: DePaul Hospital			d. STREET ADDRESS (If rural, give location): 23 1728 Nicholson Pl		
3. NAME OF DECEASED (Type or Print)		a. (First) Lena		b. (Middle) Anna	
		c. (Last) Sievert		4. DATE OF DEATH (Month) (Day) (Year) July 25 1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH November 13, 1877		9. AGE (In years last birthday) 74		10. IF UNDER 1 YEAR Months 8 Days 12	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Henry Stark		13b. MOTHER'S MAIDEN NAME Margaret Langernecker	
14. NAME OF HUSBAND OR WIFE Theodore H. Sievert		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. L. D. Yowell		17. ADDRESS 1728 Nickolsom Pl.		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.	
19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 350X	
22. I hereby certify that I attended the deceased from July 19, 1952, to July 25, 1952, that I last saw the deceased alive on July 25, 1952, and that death occurred at 7:40 P.M. from the causes and on the date stated above.					
23a. SIGNATURE Dorothy J. Yowell		23b. ADDRESS 4968 Alhambra Blvd		23c. DATE SIGNED 7/26/52	
24a. BURLIAL CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/28/52		24c. NAME OF CEMETERY OR CREMATORY Sunset Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County Mo		25. FUNERAL DIRECTOR'S SIGNATURE Robert J. Ambruster Inc.		ADDRESS 6633 Clayton Rd	
DATE RECEIVED BY LOCAL HEALTH DEPT. JUL 28 1952		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		5. FUNERAL DIRECTOR'S SIGNATURE Robert J. Ambruster Inc.	
6. P. (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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Ernest W. Spiller

Signed.....
Student Embalmer

Licensed Embalmer No. *H 080*

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.