

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41441

State File No.

FILED NOV 25 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 2815

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>	
c. LENGTH OF STAY (In this place) <u>5 Years</u>		d. STREET ADDRESS (If rural, give location) <u>7211 Waterman Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7211 Waterman Ave.</u>		e. STREET ADDRESS <u>7211 Waterman Ave.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Charles</u>	b. (Middle) <u>S.</u>	c. (Last) <u>Sievers Sr.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 31 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Unknown</u>	9. AGE (In years last birthday) <u>Abt. 68</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Pharmacist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Drug</u>	11. BIRTHPLACE (State or foreign country) <u>Russia</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Aaron Sievers</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Bess Sievers</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dr. Golub - 7211 Waterman Ave.</u>	ADDRESS
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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, asphyxia, 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) <u>Coronary Occlusion</u>				<u>1 day</u>
ANTECEDENT CAUSES		DUE TO (b) <u>Hypertension</u>		<u>10 yrs.</u>
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>arteriosclerosis</u>		<u>18 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS		<u>Hypertension</u>		<u>10 yrs.</u>
Conditions contributing to the death but not related to the disease or condition causing death.		<u>chronic nephritis</u>		<u>10 yrs.</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Nov. 6, 1943, to Oct. 31, 1953, that I last saw the deceased alive on Oct. 27, 1953, and that death occurred at 5:45 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edw. F. Sievers, M.D.</u>	23b. ADDRESS <u>539 N. Grand Ave</u>	23c. DATE SIGNED <u>10/31/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/1/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11/1/53</u>	REGISTRAR'S SIGNATURE <u>Heckard B. Spontke, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman Rindskopf Inc.</u>	ADDRESS <u>5216 Delmar Blvd</u>
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(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *John Kettler*

Licensed Embalmer No. *3880*

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.