

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6510**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1208**

1. PLACE OF DEATH a. COUNTY 1		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY OR TOWN ST. LOUIS Mo		c. CITY OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place) _____		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3333^a TEXAS 2249 3333^a TEXAS			

3. NAME OF DECEASED (Type or Print) a. (First) FREDERICK J. b. (Middle) SIEVING c. (Last) SR			4. DATE OF DEATH (Month) (Day) (Year) FEB. 6 1955		
---	--	--	--	--	--

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC 16 1873	9. AGE (In years last birthday) 81	# UNDER 1 YEAR Months _____ Days _____	# UNDER 1 HR. Hours _____ Min. _____
--------------------	-------------------------------	---	-------------------------------------	---	--	--------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CIVIL SERVICE EMPLOYEE		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS 1		12. CITIZEN OF WHAT COUNTRY? _____	
---	--	---	--	--	--	------------------------------------	--

13a. FATHER'S NAME SIEVING		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE IDA SIEVING	
-----------------------------------	--	--	--	--	--

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. _____		17. INFORMANT'S SIGNATURE OR NAME MILTON SIEVING ADDRESS 3333^a TEXAS	
--	--	-------------------------------	--	---	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease		DUPLICATE (b) Chronic Myocarditis				
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c) Hypertensive cardiovascular renal XXXXXX syndrome				
II. OTHER SIGNIFICANT CONDITIONS renal XXXXXX syndrome		Conditions contributing to the death but not related to the disease or condition causing death.				

19a. 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? 4200	
---	--	--	--	--	--

22. I hereby certify that I attended the deceased from **2/1 1955**, to **2/6 1955**, that I last saw the deceased alive on **2/5 1955**, and that death occurred at **12:30 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____		23b. ADDRESS 40755 Grand		23c. DATE SIGNED 2/5/55	
---	--	---------------------------------	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE FEB. 9 1955		24c. NAME OF CEMETERY OR CREMATORY OUR Redeemer Cem.		24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo	
--	--	------------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. FEB 8 1955		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS 2906 Shawnee	
--	--	--	--	---	--

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.....
Signature of Student Embalmer

Signed *Samuel C. Dill*

Licensed Embalmer No. *4346*

P. O. Address *2906 St. J.*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**