N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 29 1927

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31406

1. PLACE OF DEATH
County: St. Louis — Registration District No. 789 — File No.
Township: Central — Primary Registration District No. 60-83 — Registered No. 272
City: (No. 6532 Plymouth Ave. St. Ward)

2. FULL NAME: Henry Siebelts
(a) Residence. No. 6532 Plymouth St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Augusta E. Siebelts

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 21, 1841

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
86		—	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Brick Manufacturer
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: J. P. Smith
(Address): 6532 Plymouth

15. FILED 10/28, 1927. Tolla Bracy, M. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 27, 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1927, to Oct. 27, 1927 that I last saw him alive on Oct. 27, 1927, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
131
93C
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Chr. Nephritis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Signs
(Signed) Orville O. White, M. D.
10/31, 1927 (Address) 1344 a Kodiak Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St. Peters Cemetery — DATE OF BURIAL: Oct. 30, 1927

20. UNDERTAKER: Drehmann Harral — ADDRESS: 1905 Union

1344 a Holiamont
7-8 PM
10-11 am