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

Do not use this space.

32153

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 9542

City St. Louis (No. 1128 S 13th St. ..... Ward)

2. FULL NAME Louise Seibold

(a) Residence. No. 1128 S 13th St., 22 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): —

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 24-1927

7. AGE: Years — Months — Days — If LESS than 1 day, 1 hrs. or ..... min.

8. OCCUPATION OF DECEASED 159
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Charles Seibold
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ruma
(STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Marie Keres
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Parieduroucher
(STATE OR COUNTRY) Illinois

14. INFORMANT Chas Seibold
(Address) 1128 S 13 St.

15. FILED OCT 26 1927, 19.. Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 24 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1927, to Oct 24, 1927 that I last saw her alive on Oct 24, 1927, and that death occurred, on the date stated above, at 10.50 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature birth

161a (duration) One hour yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Nothing (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Louis H. Davis, M. D
Oct 25, 1927 (Address) 1032 Morrison Av

*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 Peter & Paul Cemetery — DATE OF BURIAL: 10/26 1927

20. UNDERTAKER: Adolph L Meyer Lillo — ADDRESS: 603 Park Av

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.