WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

39249

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~1003~~

Township ..... Primary Registration District No. .....

City ..... (No. 3928, Hartford St. ..... Ward)

File No. .....

Registered No. 11745

2. FULL NAME Julius R. Siebenman

(a) Residence. No. 3928 Hartford St., 16 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 2, 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	76	6	27	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Sadler

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Julius Siebenman

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 Wm J Siebenman
(Address) 3928 Hartford

15. FILED DEC -2 1929 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 29 1929

17. I HEREBY CERTIFY, That I attended deceased from August 15th, 1929, to November 29th, 1929 that I last saw him alive on November 28th, 1929, and that death occurred, on the date stated above, at 5:45A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis

(duration) 1 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED? NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

Nov. 30th, 1929 (Signed) Albert Beisbarth, M. D (Address) 3548 S. Grand Bl.

*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 Missouri Crematory

DATE OF BURIAL Dec. 2 1929

20. UNDERTAKER Hauck & Schmidt

ADDRESS 3732 S. Grand Blv.