

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

Do not use this space.

24636

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1009
City St. Louis Mo. (No. 2036 Alice Ave)

File No.
Registered No. 6795
St. Ward)

2. FULL NAME

Johanna Seibert
(a) Residence No. 2036 Alice Ave St. 9 Ward. (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 24 - 1843</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>86</u>	<u>10</u>	<u>17</u>	

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

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

PARENTS	10. NAME OF FATHER <u>Geo. Welter</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	12. MAIDEN NAME OF MOTHER <u>Don't know</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>

14. INFORMANT Paul Seibert
(Address) 2036 Alice Ave

15. FILED JUL 13 1930 My O'Connell
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11 1930
17. I HEREBY CERTIFY, that I attended deceased from July 5 to July 10 that I last saw h. alive on July 10 and that death occurred, on the date stated above, at 6:30 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterial Sclerosis

18. WHERE WAS DISEASE CONTRACTED (duration) yrs. mos. ds. 6
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Alfred Theodor M. D.
712 30 (Address) 4244 W. Florissant

*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 Bellefontaine DATE OF BURIAL July 14 1930
ADDRESS 1417

20. UNDERTAKER W. J. Leidner and Co. Market

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.

