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.

12517

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 12517

Township ..... Primary Registration District No. 1003 Registered No. 3833

City St Louis Mo (No. In Route City Hospital #1 St. ..... Ward)

2. FULL NAME Louis C. Seibel

(a) Residence. No. 1234 No. 14th St., 25 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	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-13-1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	65	3	13	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Brass Molder

(b) General nature of industry, business, or establishment in which employed (or employer) 65

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Louis G. Seibel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) 11
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Katherine Kuehne

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Lena Ober
(Address) 6231 Magnolia

15. FILED MAR 28 1931 19 Max C Harkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-26 1931

17. No Physician in attendance

I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 7:20 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

93c

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 93c

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? No (7)

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. W. Kerner, M.D.

3/27 1931 (Address) Dep. Coroner

*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	DATE OF BURIAL
Sunset Cemetery	3-28 1931

20. UNDERTAKER	ADDRESS
McLaughlin	1631 Mo ave.