

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.

24687

File No. 6832
Registered No. 6832
St. _____ Ward _____

1. PLACE OF DEATH

County St. Louis Registration District No. 791
Township _____ Primary Registration District No. 1023
City St. Louis (No. St. Luke's Hospital)

2. FULL NAME

John Seibel
(a) Residence, No. 4266 Junata St. 16 Ward _____
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 9 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) about 8 years ago 11. Total time (years) spent in this occupation Life

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

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Katherine Battifield

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

17. INFORMANT (ADDRESS) Mrs. J. B. Heller
4266 Junata

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia DATE July 23 1932

19. UNDERTAKER (ADDRESS) James J. Hoffmeyer
7016 Campbell

20. FILED JUL 23 1932 Registrar W. A. Starck

7 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21 1932

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1932, to July, 1932

I last saw h. im alive on July 21, 1932. Death is said to have occurred on the date stated above, at 11p.m.

The principal cause of death and related causes of importance were as follows:

Uremia and toxemia
myocarditis
93D Postero-Polymyoma
137
132A
Other contributory causes of importance: 93W
Stricture of urethra
chronic bilateral pyelonephritis
Hypertrophy of prostate

Name of operation none Date of _____
What test confirmed diagnosis? Laboratory Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Wm. Sanford, M. D.
(Address) 723 Univ. Club Building,

St. Louis, Mo.

