46

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.

APR 29 1935

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

Do not use this space.

11349

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 3007

City St Louis (No. Jewish Hospital St. ..... Ward)

2. FULL NAME Hilda Seiberlich

(a) Residence, No. 5225 Bancroft St., 14 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 Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 19. 1912

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
22	6	12	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marine Illinois

FATHER

13. NAME John King

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marine Ill.

MOTHER

15. MAIDEN NAME Lidda Aldrup

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marine Ill

17. INFORMANT (ADDRESS) Frank Seiberlich 5225 Bancroft, St Louis

18. BURIAL, CREMATION, OR REMOVAL

PLACE Marine Ill DATE April 6 1935

19. UNDERTAKER (ADDRESS) F. B. McGow Marine Ill

20. FILED APR - 1 1935 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1935

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2.15 P.m.

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

Fractured skull, lacerated brain & haemorrhage of vomit seed when door of auto, driven by husband, came open causing deceased to fall to street. Date of onset 2-16

Other contributory causes of importance:

Auto Accident 2 10 M

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accid Date of injury 3/31/, 1935

Where did injury occur? St Louis Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Fall from auto

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Harold [illegible] M. D.

(Address) [illegible] 4/1/35