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.

NOV 9 1935

File No. 34035

Registered No. 8453

Registration District No. 1003

Primary Registration District No. 791

1. PLACE OF DEATH

County

Township

City St. Louis (No. Firmin Desloge Hospital St. Ward)

2. FULL NAME William Siebert

(a) Residence, No. (Usual place of abode) St. N.R. Ward. Oakville, Mo. Box 196 (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: Male

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 Emma Siebert.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1887.

7. AGE: Years 48 | Months 4 | Days 17 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrenceton, Mo.

FATHER

13. NAME Charles Siebert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Co. Mo.

MOTHER

15. MAIDEN NAME Josephine Zerwig.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Co. Mo.

17. INFORMANT Emma Siebert (ADDRESS) Oakville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE New S. Peter & Paul DATE Oct. 9, 1935.

19. UNDERTAKER J. N. Lebkens L & U Co. (ADDRESS) 2942 Meramec St.

OCT 8 1935

20. FILED ..... 19.... J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from May, 1935, to Oct 7, 1935

I last saw him alive on Oct. 7, 1935. Death is said to have occurred on the date stated above, at 2:15 A. m.

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

	Date of onset
1) Bronchopneumonia	

Other contributory causes of importance:

1) Cancer of buccal mucous membrane + removal of same & implantation of radium.

Name of operation Resection + radium implantation Date of

What test confirmed diagnosis? X-ray + Autopsy Was there an autopsy? Yes

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) W. T. Coughlin M.D. / B. P. Sinner, M. D.

(Address)