

MAR 5

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

Do not use this space.

791
1003

7585

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... (No. 3851 Shaw Blvd) St. Ward)

File No. 1202

Registered No.
St. Ward)

2. FULL NAME

Ernest J. Seibel

(a) Residence, No. 3851 Shaw Blvd St., 17 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 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 X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3-1888

7. AGE YEARS 47 MONTHS 2 DAYS 29 If LESS than 1 day,hrs. ormin.

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

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

10. Date deceased last worked at this occupation (month and year) January 1-1936 11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (CITY OR TOWN) Altenburg (STATE OR COUNTRY) Missouri

13. NAME E. J. Seibel

14. BIRTHPLACE (CITY OR TOWN) Altenburg (STATE OR COUNTRY) Mo

15. MAIDEN NAME Louise Koesterling

16. BIRTHPLACE (CITY OR TOWN) Fort Wayne (STATE OR COUNTRY) Indiana

17. INFORMANT Joseph Seibel (ADDRESS) 3851 Shaw Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Altenburg, Mo. DATE Feb. 4 1936

19. UNDERTAKER Beiderwieden Funeral Home (ADDRESS) 3620 Chippenaw St

20. FILED 2 19 36 J. H. Credeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-27, 1936, to 2-1, 1936

I last saw him alive on 2-1, 1936 Death is said to have occurred on the date stated above, at 5:30 p. m.

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

Lobar Pneumonia Date of onset 1-26
Type 4

Other contributory causes of importance: 100

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no

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? no
If so, specify.....

(Signed) Wm. R. Gamm, M. D.
(Address) 2227 S Broadway

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.

Handwritten signature or initials, possibly "L.M.M.", written vertically in the bottom left corner.