

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

Do not use this space.

SEP 10 1937

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City *St. Louis Mo* (No. *4*)

Barnes Hospital

File No.....

Registered No.....

28986

7619

St. Ward

2. FULL NAME

(a) Residence, No. *31 Ridgemaar Dr. St.*

n.R. Ward. *Claxton Mo.*

(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

Birdie J. Seibel

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

July 31, 1870

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

67

0

9

OCCUPATION:

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

Contractor

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

Plumbing

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)

St. Louis Co., MO

FATHER:

13. NAME

Nicholas J. Seibel

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

Germany

MOTHER:

15. MAIDEN NAME

Mary Meiner

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

Germany

17. INFORMANT

Birdie J. Seibel

(ADDRESS)

31 Ridgemaar

18. BURIAL, CREMATION OR REMOVAL

PLACE

Oak Grove

DATE

Aug 12, 1937

19. UNDERTAKER

Geo. L. Pleitahn Inc

(ADDRESS)

5766 Leasing Ave

20. FILED

AUG 12 1937

J. T. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

8-9-1937

22. I HEREBY CERTIFY, That I attended deceased from

8-5-37 to *8-9-37*

I last saw him alive on *8-9-40* 19*37* Death is said

to have occurred on the date stated above, at *6* p.m.

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

*Deputyman Heart disease
Cerebral accident?
Cardiac failure*

Date of onset

Other contributory causes of importance:

Name of operation

none

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

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) *Emmanuel Bricker*, M. D.

(Address) *Barnes Hospital*

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.

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1000-11-1-37

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