

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

32412  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City Saint Louis, Missouri (d) Street No. 2139 Adelaide Ave. St. **8466**  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edward Seibel

(a) Residence, No. 2139 Adelaide Ave. St. **9** (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24th, 1869.

7. AGE YEARS 68 MONTHS 1 DAYS 12 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Fruit Pedler  
9. Industry or business in which work was done, as 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) Pennsylvania

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Mildred Haupt.  
(ADDRESS) 2139 Adelaide Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Pickers Cem. DATE Sept. 9th, 1937

19. FUNERAL DIRECTOR Ziegenhain Bros.  
(ADDRESS) 2623 Cherokee Street.

20. FILE **SEP 8 1937** Briedeck  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 6th, 1937.

22. I HEREBY CERTIFY, That I attended, deceased from 7-24, 1937, to 9-6, 1937.  
I last saw him alive on 9-6, 1937. Death is said to have occurred on the date stated above, at 3:25 A.M.  
The principal cause of death and related causes of importance were as follows:

Embolism of Liver 18. mo

Other contributory causes of importance:

Hypertension 15. yr  
Oedema & Cachexia 8. mo

Name of operation none Date of no  
What test confirmed diagnosis? physical 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 none  
(Signed) Scott B. Linker, M. D.  
(Address) 340 Bermuda Ave

STATEMENT BY LICENSED EMBALMER

I, Juddie A. Ziegenhein., Licensed Embalmer No. 2270.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Juddie A. Ziegenhein*

Licensed Embalmer No. 2270.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**