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.

REC'D APR 1 1938

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

Do not use this space.

3

1. PLACE OF DEATH
County Saint Louis — Registration District No. 784 — File No. 12152
Township Carondelet — Primary Registration District No. 200 — Registered No. 430
City ~~Jefferson Barracks~~ (No. Veterans Facility St. Ward)

2. FULL NAME Albert A. SIEBERT 113
(a) Residence, No. R. #1, Whitewater, Mo. St.; Ward.
(Usual place of abode) (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: Mrs. Ida Siebert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 30, 1895

7. AGE: YEARS 42 — MONTHS 8 — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Bufordsville, Missouri 0

FATHER
13. NAME: Otto Siebert 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 0

MOTHER
15. MAIDEN NAME: Frieda Bruntz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Clinical Clerk, Jefferson Barracks, Missouri. M. Schelling

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jackson, Mo. DATE March 8, 1938

19. UNDERTAKER (ADDRESS): C. Hoffmeister U. & L. Co. 7814 S. Broadway

20. FILED 3-8, 1938 T. R. Mayer M. D. Dr. P. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1938, to March 7, 1938
I last saw him alive on March 7, 1938 Death is said to have occurred on the date stated above, at 10:10AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	Unkn.
54'	
Other contributory causes of importance:	
Acute Enteritis with hemorrhage	Unkn.
Chr. Myocarditis.	Unkn.

Name of operation: None Date of
What test confirmed diagnosis? Was there an autopsy?

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) John O'Connell, M. D.
707 (Address) Former St. Louis County