

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

20326
Do not use this space.

REC'D JUL 12 1939

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1008** Registered No. **5170**
 (c) City **Saint Louis, Missouri!** (d) Street No. **2622 Louisiana** St.
 (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 Stillborn of Frank & Daisy Seiberlich.

(a) Residence, No. **2622 Louisiana Ave.** St. **17** (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) **Infant**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 7th, 1939.**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Infant**
 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) **Saint Louis, Missouri**
 (STATE OR COUNTRY)

FATHER
 13. NAME **Frank Seiberlich**
 14. BIRTHPLACE (CITY OR TOWN) **Maryville Illinois.**
 (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME **Daisy Doiron**
 16. BIRTHPLACE (CITY OR TOWN) **Elvins Missouri**
 (STATE OR COUNTRY)

17. INFORMANT **Frank Seiberlich**
 (ADDRESS) **2622 Louisiana Ave.**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Maryville Illinois.** DATE **June 9th, 1939**

19. FUNERAL DIRECTOR **Zeigler Bros**
 (ADDRESS) **2623 Cherokee Street.**

20. FILED **JUN 8 1939**
J. F. Bredich
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 7, 1939.**
 22. I HEREBY CERTIFY, That I attended deceased from **June 7, 1939,** to **June 7, 1939.**
 I last saw him alive on **Stillborn**, 19... Death is said to have occurred on the date stated above, at **6:50 p.m.**
 The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:
Not Determined
 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) **Arthur E. Ritter**, M. D.
 (Address) **2603 Cherokee St.**

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.

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.)