

NOV 14 1939

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

36445
Do not use this space.

1. PLACE OF DEATH

(a) County JEFFERSON Registration District No. 421
(b) Township MERAMEC Primary Registration District No. 5580 Registered No. 12-43
(c) City ST. JOSEPH'S HILL INFIRMARY (d) Street No. ST. JOSEPH'S HILL INFIRMARY 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. 16 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME HUGO C. SIEBERT

(a) Residence, No. 2102 1/2 BELLEVUE AVE., MAPLEWOOD, MISS. (If nonresident, give city or town and State)

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 LOUISE FRIEDMAN
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12 / 19 / 1891
7. AGE YEARS 47 MONTHS 9 DAYS 10 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. LABORER
9. Industry or business in which work was done, as saw mill, bank, etc. W. P. A. PROJECT
10. Date deceased last worked at this occupation (month and year) AUGUST, 1939 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 29 Sep 39
22. I HEREBY CERTIFY, That I attended deceased from Sep. 15, 1939, to Sept. 26, 1939
I last saw him alive on Sept. 26, 1939. Death is said to have occurred on the date stated above, at 10:40 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis
Other contributory causes of importance: 121

12. BIRTHPLACE (CITY OR TOWN): ST. LOUIS, MO. (STATE OR COUNTRY)

13. NAME GEORGE SIEBERT

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

15. MAIDEN NAME ELSIE NULL

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

17. INFORMANT ST. JOSEPH'S HILL INFIRMARY (ADDRESS) Brother Bonaventura

18. BURIAL, CREMATION, OR REMOVAL BURIAL PLACE NATIONAL CEMETERY DATE 10 / 2 / 1939

19. FUNERAL DIRECTOR (NAME) J. B. SMITH (ADDRESS) MAPLEWOOD, MO.

20. FILED 30 Sept 39 James A. Downes Local Registrar. 386

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) Jesse S. Sargent, M. D.
(Address) Quincy, Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
I X1665

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *H. C. Burgess*.....

Licensed Embalmer No. *4029*.....

P. O. Address *Maplewood*.....

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.)

If this body is not embalmed, above space should be left blank.