DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8607

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2090

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Anthony's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution three hours (Specify whether years, months or days) In this community Life.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town ~~GARDENVILLE~~ NR (If outside city or town limits, write "RURAL")

(d) Street No. 4959 Siebert (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Norman Siebert

3. (b) If veteran, name war ____ 3. (c) Social Security No. —

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced —

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased March 29th, 1938 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
1	11	2	hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name Lawrence Siebert

13. Birthplace St. Genevieve Mo. (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Anna Weller

15. Birthplace St. Genevieve Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lawrence Siebert

(b) Address 4959 Siebert

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/4/40 (Month) (Day) (Year)

(c) Place: burial or cremation N. S. S. Peter & Paul

18. (a) Signature of funeral director John L. Ziegenhein & Sons

(b) Address 7027 Gravois Ave.

19. (a) MAR 1 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1st day March year 1940 hour 9 minute 05 A.M.

21. I hereby certify that I attended the deceased from Feb 28th, 1940, to Mar. 1st, 1940, that I last saw him alive on March 1st, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Peritonitis	6 hrs.
Due to Ruptured gangrenous appendix	6 hrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Peritonitis, Ruptured gangrenous appendix with fecalith.	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Walter A. Brunold (M. D. or other)

Address 4738 A Gravois Date signed 3/1/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19511

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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 6937a Gravois

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.