

Registration District No. **JUL 15 1940**

Primary Registration District No. **4393**

1. PLACE OF DEATH:

(a) County **Perry**
(b) City or town **Altenberg Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community **89-1-11**
years, months or days

3. (a) PRINT FULL NAME **Christian Seibel** **140**

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

4. Sex **Male** 5. Color **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Louise Seibel** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **April 21 1851**
(Month) (Day) (Year)

8. AGE: Years **89** Months **1** Days **11** If less than one day _____ hr. _____ min.

9. Birthplace **Perry Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business _____

12. Name **Jacob Seibel**

18. Birthplace **Germany**
(City, town or county) (State or foreign country)

14. Maiden name **Carolins Rabold**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **M. J. Seibel**
(b) Address **Altenberg Mo.**

17. (a) **Burial** (b) Date thereof **June 4 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Altenberg Mo.**

18. (a) Signature of funeral director **Young Sons**

(b) Address **Perryville Mo.**

19. (a) **6-5-1940** (b) **August Schmidt**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Perry**
(c) City or town **Altenberg Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **2**
year **1940** hour **2** minute **40 A.** M.

21. I hereby certify that I attended the deceased from **May 27th**, 19**40**, to **June 2nd**, 19**40**, that I last saw him alive on **June 1st**, 19**40**, and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **6 days**

Due to **Atherosclerosis, Generalized**

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? **592**

While at work? _____ (Specify type of place) (e) Means of injury _____

28. Signature **Theodore Fischer** (M. D. or other) _____

Address **Altenberg, Mo.** Date signed **6/5/40**

PHYSICIAN

Underline the cause to which death should be charged statistically

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Licensed Embalmer No. 2138

P. O. Address Princeton mo

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.