

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital #1
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution. _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Frank Henry Siebum 15D

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 Married

6. (b) Name of husband or wife Mary Jane 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 8th 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>10</u>	<u>15</u>	hr. _____ min. _____

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

10. Usual occupation Retired Hod Carrier

11. Industry or business

12. Name Gerhard Siebum

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

14. Maiden name Do not know

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

16. (a) Informant's own signature George B. Siebum

(b) Address 2231 Harrison St. ar

17. (a) _____ (b) Date thereof July 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter & Paul

18. (a) Signature of funeral director J.H. Gebken Und. Co.

(b) Address 2632 Gravois Av

19. (a) Jul 24 1940 (b) J. F. Bredeck
(Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) N.R.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1940 hour 6 minutes 10 P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Septic Pneumonia
following influenza of lungs
of right leg followed by
asphyxiated when struck by
falling truck driven by one
Paul Johnson, New Cape
Shirley, Mo. June 27
1940 about 12:45 PM.

Other conditions (Include pregnancy within 3 months of death)
Chronic and manner of

Major findings of operation None could not be determined
Of autopsy _____

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

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

(b) Date of recurrence May 27 1940

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work _____ (Specify type of place)

(e) Means of injury Auto

23. Signature Alfred Perry (M. D. or other)

Address Highway Co. 1000 Date signed 7/24/40

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!

U. S. GOVERNMENT PRINTING OFFICE: 1938

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..... *Herman A. Gubler*

Licensed Embalmer No. *2120*

P. O. Address.....

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.