

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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 5387
Registrar's No. 1635

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community 4 days
years, months or days

8. (a) PRINT FULL NAME Edgar Seibert
8. (b) If veteran, name war None
8. (c) Social Security No. 328-03-3458

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Miller
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased May 26 1900
(Month) (Day) (Year)

8. AGE: Years 40 Months 8 Days 24
If less than one day hr. min.

9. Birthplace Shiloh Valley / Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Filling Station Operator

11. Industry or business Filling Station

MOTHER FATHER
12. Name George Seibert
13. Birthplace Shiloh Valley / Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Bug
15. Birthplace Shiloh Valley / Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Eugene Seibert
(b) Address Belleville, Illinois

17. (a) Removal (b) Date thereof Feb. 20, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Geo. Neuman
(b) Address 120 S. Illinois St. Bellefontaine, Mo.
19. (a) FEB 20 1941 (b) J. W. Redden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County St. Clair
(c) City or town Belleville
(If outside city or town limits, write "RURAL")
(d) Street No. 210 South Virginia
(If rural, give location)
(e) If foreign born, how long in U. S. A. In United States years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 20th
year 1941 hour 1:20 A. M. minute _____ M.
21. I hereby certify that I attended the deceased from Feb. 16th, 1941, to Feb. 19th, 1941;
that I last saw him alive on Feb. 19th, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death)
83
Major findings:
Of operations _____
Of autopsy _____
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?
While at work? _____ (Specify type of place) (e) Means of injury 0
23. Signature J. W. Redden (M. D. or other) _____
Address _____ Date signed _____

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..... *Geo. R. ...*

Licensed Embalmer No. *2314*

P. O. Address *Salleville Ill*

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.