

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: 4172 Delmar
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 1917

(d) Street No. 4172 Delmar
(If rural, give location) 9

(e) If foreign born, how long in U. S. A. _____ years. 0

3. (a) PRINT FULLNAME Stella Mae Siebelts

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

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Gilbert Siebelts 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased May 7, 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>9</u>	<u>27</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Wesley Watkins

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

14. Maiden name Jane Plank

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

16. (a) Informant Gilbert Siebelts

(b) Address 4172 Delmar

17. (a) Burial (b) Date thereof 3-6-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem, Missouri

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) MAR 5 1941 (b) J. F. Bredebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1941 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from 4-19-40
19____ to 3-4-41
that I last saw him alive on 10-7-40, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis chronic
Due to Hypertension
Due to 93d
Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings: 93d
Of operations 93d
Of autopsy F

Duration _____
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. F. Bredebeck (M. D. or other) 1
Address 6639 Da Date signed 3-5-41

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

MOTHER FATHER

10/23/77

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 *R. P. 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, fact should be so stated above.