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FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12982

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3412

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 Days (Specify whether
In this community LIFE years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000 16

(c) City or town ST LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 4156 CONNECTICUT ST (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emil Sebald

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20,
year 1941 hour 2:03 minute _____ P. M.

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased: JAN 26 (Month) 1886 (Day) (Year)

21. I hereby certify that I attended the deceased from April 6, 1941 to April 20, 1941
that I last saw him alive on April 20, 1941
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

55 2 25 hr. _____ min.

9. Birthplace ST LOUIS MO (City, town, or county) (State or foreign country)

Immediate cause of death: Carcinoma of esophagus Duration about 10 mo.

10. Usual occupation DAY LABORER

11. Industry or business _____

MOTHER FATHER { 12. Name JACOB SEBOLD

{ 13. Birthplace ST LOUIS

{ 14. Maiden name BERTHA HELFINGER

{ 15. Birthplace ST LOUIS

Due to _____

Due to _____

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

16. (a) Informant ROSE SMITH

(b) Address 4156 CONNECTICUT

17. (a) BURIAL (b) Date thereof 4/23/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS PETER PAUL

Major findings: Of operations Carcinoma of esoph.

Of autopsy Carcinoma of esophagus necrotic base large 2-3 passage fistula

18. (a) Signature of funeral director Thos. H. H. H.

(b) Address 2906 Grand St.

19. (a) APR 21 1941 (b) J. H. H. H.
(Date received local registrar) (Registrar's signature)

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? _____

(Licensed Embalmer's Statement on Reverse Side)

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

S

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.....

Thorburn

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Thorburn

Licensed Embalmer No. *1619*

P. O. Address.....

2906 Graves

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.