

FILLED JUL 21 1941

Registration District No. **791**

Primary Registration District No. **1003**

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

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. Louis City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days  
(Specify whether years, months or days)

In this community 1 year

3. (a) PRINT FULL NAME Judith Seibold

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

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 November 26, 1939  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>6</u>	<u>13</u>	_____ hr. _____ min.

9. Birthplace Woodstock, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Ardell A. Seibold

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

14. Maiden name Evelyn Blaw

15. Birthplace Prairie Du Rocher, Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Ardell Seibold

(b) Address 2911 Eads St. Louis

17. (a) removal (b) Date thereof 6-9-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation removal to Dupon, Ill.

18. (a) Signature of funeral director Harold H. Dushner

(b) Address Dupon, Illinois

19. (a) AIN 8-10-41 (b) J. F. Bredeck  
(Received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 2911A Eads Ave.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9  
year 1941 hour 3:05 minute A. M.

21. I hereby certify that I attended the deceased from June 6, 1941, to June 9, 1941  
that I last saw h. er alive on June 9, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Melanotic  
severe cardiac

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: MA  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy Fatty liver

Duration 4 mo.

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)  
(c) Means of injury \_\_\_\_\_

23. Signature Henry J. Leonard (M. D. or other) \_\_\_\_\_

Address 1515 Lafayette Avenue Date signed 6/9/41

**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 ME

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Ben. H. Baldurini

Licensed Embalmer No. 2420

P. O. Address St. Louis, 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, fact should be so stated above.**