

FILED APR 8 1942

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2401

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(c) Name of hospital or institution:
4266 Juniata St.
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(d) Street No. 4266 Juniata St.
(e) Citizen of foreign country? No.
If yes, name country.....

3. (a) PRINT FULL NAME Anna Seibel

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

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.....
December 22 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 22 If less than one day..... hr. min.

9. Birthplace..... Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business.....

MOTHER FATHER { 12. Name not known
13. Birthplace..... not known
14. Maiden name not known
15. Birthplace..... not known

16. (a) Informant Gus Keller
(b) Address 4266 Juniata St.

17. (a) Burial (b) Date thereof 3/17/42
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director John S. Ziegenbein & Sons
(b) Address 7027 Gravois Ave

19. (a) MAR 17 1942 (b) J. F. Bedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th
year 1942 hour 4:30 minute P M.

21. I hereby certify that I attended the deceased from 1937
19..... to March 14 1942
that I last saw her alive on March 14 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary Arteriosclerosis
Cholelithiasis

Due to.....
Asphyxiation

Due to.....

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

Major findings: Of operations.....
Of autopsy.....

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?.....
(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.....

23. Signature A. F. Gray (M. D. or other).....
Address 3150 Morganfield Rd Date signed 3/16/42

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

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..... *C. P. Kidwell*.....
Licensed Embalmer No. *3877*.....
P. O. Address. *7027 Grandis*.....

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.