

ED MAY 6 1943 17  
Registration District No. ....

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Manchester  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None (Meramec Station Road/  
(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 55-years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Manchester  
(If outside city or town limits, write "RURAL")  
(d) Street No. Meramec Station Rd.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Conrad J. Seibel

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Nellie Seibel 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Dec. 7 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
55 3 28 hr. min.

9. Birthplace Manchester (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Contractor & Builder

11. Industry or business (Member) Seibel Bros. Const. Co.

12. Name Henry Seibel

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

14. Maiden name Anna Umbach (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Nellie Seibel

(b) Address Manchester, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 8-1943 (Month) (Day) (Year)

(c) Place: burial or cremation St. John Cem. Manchester, Mo.

18. (a) Signature of funeral director Schrader Funeral Home

(b) Ballwin, Mo.

19. (a) APR 7 1943 (Date received local registrar) (b) H. McLaughlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. 5 day 7 year 1943 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from APRIL 1, 1943 to APRIL 5, 1943; that I last saw him alive on APRIL 3-7A, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE CARDIAC DILATATION  
Due to CHRONIC MYOCARDITIS

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy 930

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 \_\_\_\_\_

23. Signature B. R. Loving (M. D. or other) md  
Address Ballwin, Mo. Date signed 4-6-43

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

JAN 20 1947

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**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..... *Theo. Schrader*  
Licensed Embalmer No. *3066*  
P. O. Address. *Ballwin, 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.**