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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19117

State File No. 1

FILED JUN 12 1943

Registration District No. 597

Primary Registration District No. 6076

Registrar's No. 1353

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. Apr. 29, 1943.
(Specify whether
In this community unknown.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2716 Utah Street
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)

If yes, name country - 0

3. (a) PRINT FULL NAME John H. Siebum

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 498-10-6663

4. Sex male

5. Color or race white 0

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of ~~husband or~~ wife Dorothy

6. (c) Age of ~~husband or~~ wife if alive 58 years

7. Birth date of deceased May (Month) 23, (Day) 1896 (Year)

8. AGE:

Years	Months	Days	If less than one day
47	0	14	hr. min.

9. Birthplace St. Louis, (City, town, or county) MIssouri 0 (State or foreign country)

10. Usual occupation Attendant

11. Industry or business Sanitarium

FATHER
12. Name Mike Henry Siebum
13. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Mary Jane Kilvington
15. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant M. Schellig

(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10-1943 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director John H. Gebken Sons

(b) Address 2630 Gravois Ave

19. (a) JUN 9 1943 (Date received local registrar) (b) C. G. McGavern MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th, year 1943 hour 12:30 minute A M.

21. I hereby certify that I attended the deceased from April 29, 1943, to June 7, 1943; that I last saw him alive on June 7, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
TUBERCULOSIS, PULMONARY, CHRONIC, ACTIVE, FAR ADVANCED WITH CAVITATION.	About 2½ yrs.
Due to	
Due to -	
Other conditions DIABETES MELLITUS. (Include pregnancy within 3 months of death)	Unknown

Major findings:
Of operations No operation. 61

Of autopsy no autopsy.

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) no

(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) Means of injury 0

23. Signature L. M. COCHRAN, M.D., (M. D. or other)

Address Chief Medical Officer Vet. Adm. Fac., Jeff. Bks., Mo. Date signed 6/7/43.

(Licensed Embalmer's Statement on Reverse Side)

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 Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois

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.