

S. No. 2
M-5-42
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36887

State File No.

Registrar's No. **9832**

NOV 18 1943
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Jewish Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **17**
(d) Street No. **6635 Pernod** (If rural, give location) **93**
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME **BERTHA SEIBERT**

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 **January 5 1881**
(Month) (Day) (Year)

8. AGE: Years **62** Months **10** Days **2** If less than one day hr. min.

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

10. Usual occupation **Housekeeper**

11. Industry or business **Domestic**

12. Name **John Seibert**
13. Birthplace **Columbia Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name **Bertha Landgraf**
15. Birthplace **Columbia Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wilbert Koch--Nephew**
(b) Address **6635 Pernod**

17. (a) **Burial** (b) Date thereof **11-10-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **C. Hoffmeister U. & L. Co.**
(b) Address **6464 Chippewa, St. Louis, Missouri.**

19. (a) **NOV 9 1943** (b) **J. F. Bradeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **7th**
year **1943** hour **8** minute **20 P.M.**

21. I hereby certify that I attended the deceased from **11/7/43**
19..... to **11/7** 19.....
that I last saw h..... alive on **11/7** 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** Duration **5 days**

Due to **Coronary Sclerosis**
Hypertension

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

Major findings: Of operations.....
Of autopsy **Coronary thrombosis**
Cardiac infarction

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?

23. Signature **Arthur E. Strain** (M. D. or D. O.)
Address **539 N. Grand** Date signed **11/9/43**

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

MOTHER FATHER

MAR 23 1948

HUMBERT H. H. H. H.

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 *Linus C. Hoffmester*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

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.