

Registration District No. **218** Primary Registration District No. **1003** Registrar's No. **11084**

1. PLACE OF DEATH:

(a) County **St. Louis Mo.**

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

(c) Name of hospital or institution:  
**3835 Humphrey St.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **4 Yrs.** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **17**

(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL") **16**

(d) Street No. **3835 Humphrey St.**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Lawrence J. Seibold**

3. (b) If veteran, **U.S Navy 4 Yrs** (c) Social Security  
name **World War 1** No. **492-22-4847**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DECEMBER** day **25** ~~25~~  
year **1944** hour **11:25** minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1942, to **DEC-25**, 1944;

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Helen** 6. (c) Age of husband or wife if alive **34** years

7. Birth date of deceased **March 1st 1894**  
(Month) (Day) (Year)

that I last saw **him** alive on **DEC-25-44**, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

8. AGE: Years Months **24** Days **25** If less than one day  
**50** **9** **25** hr. \_\_\_\_\_ min.

**CORONARY EMBOLISM**

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

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation **Gov. Inspector (Materials)**

Major findings:  
Of operations \_\_\_\_\_

11. Industry or business **U.S.**

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

12. Name **Oliver Seibold**

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

14. Maiden name **Treweller**

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

16. (a) Informant **Mrs. Helen Seibold (Wife)**

(b) Address **3835 Humphrey St**

17. (a) **Removal** (b) Date thereof **Dec. 27 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Marys Cem. Cape Girardeau Mo.**

18. (a) Signature of funeral director **W. J. Robus Lt. G. C.**

(b) Address **1905 20th and Grand Bld.**

19. (a) **DEC 27 1944** (b) **J. F. Bredek**  
(Date received local registrar) (Registrar's signature)

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 **J. Hanwith** (M. D. or other) **D.C.**

Address **3828 HUMPHREY ST.** Date signed **12/26/44**

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

MOTHER FATHER

**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.....

*John Ketter*

Licensed Embalmer No..... 3880

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.**