

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10739

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location) Memorial
(d) Length of stay: In hospital or institution 26 days (Specify whether
In this community _____ years, months or days) 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2716 Utah
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Betty Siebum
3. (b) If veteran, name war _____ 3. (c) Social Security No. 789-26-8747

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 15th
year 1944 hour 6:25 minute _____ P. M.
21. I hereby certify that I attended the deceased from 11/19/44
19 _____ to Dec. 15th 19 44
that I last saw her alive on Dec. 15th 19 44
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, divorced
6. (b) Name of husband or wife George Baker 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: April 26 1926
(Month) (Day) (Year)

Immediate cause of death Pulmonary tuberculosis Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy Pulmonary + tubercle
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years 18 Months 7 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name John Siebum
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Neomi Baume
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dorothy Siebum
(b) Address 2716 Utah

17. (a) Burial (b) Date thereof Dec. 19, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Witt Bros. L.L.C.
(b) Address 2929 S. Jefferson

19. (a) DEC 17 1944 (b) J. J. Brudeck
(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 Earl Lyburn (M. D. or other) 12/16/44
Address 1515 Lafayette Date signed

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.....

Ronald O. Yakinke
Licensed Embalmer No. *3917*

P. O. Address.....

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.