

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 25 1945

762

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **528**

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

**1. PLACE OF DEATH:**

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

(b) City or town St. Louis, Mo.  
(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 3 days  
(Specify whether

In this community 20 yrs  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County..... St. Louis

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

(d) Street No. 3849 Cleveland Ave.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 1

**3. (a) PRINT FULL NAME** Mary Seibel

3. (b) If veteran, name war..... 3. (c) Social Security No.....

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month Jan. day 16th  
year 1945 hour 9:20 minute A. M.

21. I hereby certify that I attended the deceased from 1/13/45  
....., 19....., to 1/16/45, 19.....;

that I last saw h. OR alive on 1/16/45, 19.....;  
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 Widow

6. (b) Name of husband or wife..... Unknown

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

7. Birth date of deceased May 2 1859  
(Month) (Day) (Year)

Immediate cause of death.....  
Intermittent Heart Disease

Due to.....

Due to..... 93

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

**8. AGE:**

Years	Months	Days	If less than one day
<u>82</u>	<u>8</u>	<u>14</u>	..... hr. .... min.

9. Birthplace Ridge Prairie Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business.....

**MOTHER FATHER**

12. Name Henry Seibel

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

14. Maiden name Catherine Heidy

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

16. (a) Informant Charles G. Chase

(b) Address 3849 Cleveland Ave

17. (a) Removal (b) Date thereof 1-19-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Hill-Belleville Ill

18. (a) Signature of funeral director Lenoir Bonin-Bergman

(b) Address Belleville Ill. No. 6

19. (a) JAN 19 1945 J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

**PHYSICIAN**

Major findings:  
Of operations.....

Of autopsy Refused

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?.....

While at work?..... (Specify type of place) (e) Means of injury 0

23. Signature James J. Stout (M. D. or other)  
Address 1515 Lafayette Date signed 1/16/45

**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 Otheris 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.**