

FILED AUG 24 1945 818

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 2231

1. PLACE OF DEATH:

(a) County _____
 (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:
2125 MC CAUSLAND AVE
 (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 MO (b) County 000
 (c) City or town ST. LOUIS 194
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2125 MC CAUSLAND
 (If rural, give location)
 (e) Citizen of foreign country? 1 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JAMES F SEBRING
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 8
 year 1945 hour 1240PM minute _____ M.
 21. I hereby certify that I attended the deceased from MAR
1 1945 to Aug 8 1945
 that I last saw him alive on Aug 8 1945
 and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W
 6. (a) Single, widow, married, divorced W
 6. (b) Name of husband or wife CALLIE
 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased AUG 24 1878
 (Month) (Day) (Year)

Immediate cause of death: Chronic Myocarditis 6 yrs
 Due to _____
Chronic Nephritis

8. AGE: Years 56 Months 11 Days 14
 If less than one day _____ hr. _____ min.

Due to _____
 Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace BETHLEHEM PENN
 (City, town, or county) (State or foreign country)
 10. Usual occupation CRANE OPERATOR
 Industry or business SCULLINS STEEL CO
Edward SEBRING
 11. Birthplace SEBRING PENN
 (City, town, or county) (State or foreign country)
 14. Maiden name CARA SEBRING
 15. Birthplace PENN
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations 131
 Of autopsy _____

16. Informant Miss Sebring
 (b) Address 2125 Mc Causland Ave
 17. (a) BURIAL (b) Date thereof 8 11 45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation BELLEFONTAINE
 18. (a) Signature of funeral director BRIEGS HAUSER
 (b) Address 4228 So. Kings Highway
 19. (a) AUG 16 1945 (b) J. F. Breder
 (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 Maurice Breed M.D. (M. D. or other)
 Address 1443 McCausland Date signed Aug 9 45

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

66
17
9
D.

1443 Mrs. Cantel
9 AM
Dr. Bues

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 *Richard W. Storrard*

Licensed Embalmer No. *4007*

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of: Mo
County of: St. Louis } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 7031

On this 14 day of June, 1946, before me appears Mrs Callie M. Sebring, who, upon her oath, states that the original record of ~~birth~~ death for James F. Sebring, died 8-8 ~~born~~, 1945, in the State of Missouri, and which was filed at on 19....., should be corrected as follows:

Item No. 10 should read Crane Operator

Instead of Crain "

Item No. 12 should read Edward Sebring

Instead of unknown "

Item No. 14 should read Cora L. Siegfried

Instead of Coral Seigfried

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

✶ Affiant Callie M Sebring wife Relationship

2125 W. Cassiana
Present Address.

Subscribed and sworn to before me this 14 day of June, 1946.

My Commission expires 3/4/49. Bea C Padlock Notary Public.

26131