

**FILED** MAY 18 1946

Registration District No. ....

Primary Registration District No. ....

**1003**

**1. PLACE OF DEATH:**

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3632 1/2 Humphrey 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 1  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Christina M 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 W. 2  
6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife if alive Dec years  
7. Birth date of deceased Oct 25-1863  
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Co Mo 1  
(City, town, or county) (State or foreign country)

10. Usual occupation at Home

**11. Industry or business**

12. Name David Frank 4  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Sophia Finny  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Seibert 1  
(b) Address 300 N. Peace Rd

17. (a) Burial (b) Date thereof 4-20-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Ev. Ch.

18. (a) Signature of funeral director Louis H. Bopp Inc

(b) Address Kirkwood Mo

19. (a) APR 20 1946 J. P. Bradock  
(Date read and certified) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County St. Louis 96  
(c) City or town Clayton  
(If outside city or town limits, write "RURAL") N. R. 3  
(d) Street No. 300 N. Peace  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 17  
year 1946 hour \_\_\_\_\_ minute 11 P. M.

21. I hereby certify that I attended the deceased from Aug 18 1943 to Apr 17 1946  
that I last saw her alive on Apr 17 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis  
Central Regurgitation

Due to Chr. nephritis

Due to \_\_\_\_\_  
Other conditions Central Thromb  
(Include pregnancy within 3 months of death)

Major findings: Of operations 101  
Of autopsy \_\_\_\_\_

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 Chas. Rosenberger (M. D. or other) \_\_\_\_\_  
Address 7745 Olive St. Road Date signed 4/18/46

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

14886

3034

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**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..... *Felix Hurand* .....

Licensed Embalmer No. *3034* .....

P. O. Address *Kirkwood 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.**