No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25716

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6556

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County
(c) City or town St.Louis
(If outside city or town limits, write "RURAL")
(d) Street No. ~~3167 Clifton Avenue~~ City Sanitarium
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank K Sebold

3. (b) If veteran, name war

3. (c) Social Security No. 488-01-3996

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Betsy Sebold

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased September (Month) 1 (Day) 1881 (Year)

8. AGE: Years 64 Months 10 Days 24 If less than one day hr. min.

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

10. Usual occupation Clerk

11. Industry or business City Water Department

FATHER
12. Name Frank Sebold
13. Birthplace St.Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Emma Schuddig
15. Birthplace St Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Betsy Sebold
(b) Address 3167 Clifton Ave., St.Louis, Missouri

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof July 27, 1946 (Month) (Day) (Year)
(c) Place burial or cremation Sunset Burial Park Cem

18. (a) Signature of funeral director C.HOFFMEISTER COLONIAL MORTUARY
(b) Address 6464 Chippewa, St.Louis, Mo.,

19. (a) JUL 26 1946 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1946 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec. 1, 1945 to July 25, 1946 that I last saw him alive on July 25, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Failure	
Due to	
Arteriosclerotic heart disease 10+	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. Schlender (M. D. or other)
Address City Sanitarium Date signed 7-25-46

(Licensed Embalmer's Statement on Reverse Side)

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S Broadway

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.