

2-43
7-39
X95697

FILED DEC 2 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9982

1. PLACE OF DEATH:

(a) County... S.
(b) City or town... St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 6 DAYS
In this community... 3 1/2 YRS
(Specify whether years, months or days)

3. (a) PRINT FULL NAME... Nellie Weidner Seibel,

3. (b) If veteran, name war... none
3. (c) Social Security No.

4. Sex... Female
5. Color or race... white
6. (a) Single, widowed, married, divorced... widowed

6. (b) Name of husband or wife... Conrad J. Seibel,
6. (c) Age of husband or wife if alive... years

7. Birth date of deceased... SEPT 15 1888
(Month) (Day) (Year)

8. AGE: Years... 58 Months... 2 Days... 5
If less than one day hr. min.

9. Birthplace... Mo
(City, town, or county) (State or foreign country)

10. Usual occupation... Housewife,

11. Industry or business... Own home,

12. Name... Valentine Weidner,

13. Birthplace... St. Louis Co. Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name... Margaret Waerther,
15. Birthplace... St. Louis Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant... Richard Seibel,

(b) Address... 3904 Botanical, St. Louis, Mo.

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof... 11-22-46
(Month) (Day) (Year)

(c) Place: burial or cremation... St. John Cem. Manchester, Mo.

18. (a) Signature of funeral director... Schrader Funeral Home

(b) Address... Ballwin, Mo.

19. (a) NOV 22 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo. (b) County... St. Louis,
(c) City or town... St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No... 3904 Botanical,
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... Nov. day... 20th
year... 1946 hour... 12 minute... 45 M.

21. I hereby certify that I attended the deceased from... 6:11 1945 to... 11/20 1946
(that I last saw him alive on... 11/20 1946
and that death occurred on the date and hour stated above.

Immediate cause of death... mesenteric Yersinia Duration... 1 day

Due to... Hypertension Heart Disease

Due to... —

Other conditions... none
(Include pregnancy within 3 months of death)

Major findings: Of operations... none

Of autopsy... none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)... none

(b) Date of occurrence... none

(c) Where did injury occur?... none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

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

23. Signature... Preston C. Hall (M. D. or other) MD

Address... 39022 Lafayette Date signed... 9/22/46

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

MOTHER FATHER

P. E. Hall

5
X
JD

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.....

Theo. Schrader

Licensed Embalmer No.....

3066

P. O. Address.....

Ballwin, 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.

Registration District No. 318

Primary Registration District No. 1003

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

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:
(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)

3. (a) PRINT FULL NAME Nellie W. Seibel

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Wed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased Sept 15 (Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant: _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) J. F. Brudak (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____ (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? _____

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

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

DEC 10 1946

39083

Pe 6911