

No. 2  
2-45  
17-39  
X47070

**FILED APR 23 1947**

**318**

Primary Registration District No.

**1003**

Registrar's No.

**3327**

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:  
City Sanitarium  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 yrs 4 mos 2 wks.  
(Specify whether in this community years, months or days) About 42 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 17

(d) Street No. 3942 Lindell Ave  
(If rural, give location) 139

(e) Citizen of foreign country? No (Yes or No) 10

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GEORGE SIBOTHAN

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26th  
year 1947 hour 11:57 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from April 1, 1947 to March 26, 1947  
that I last saw him alive on March 26, 1947; and that death occurred on the date and hour stated above.

4. Sex male (5. Color or race white)

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

6. (b) Name of husband or wife \_\_\_\_\_

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

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

Immediate cause of death

Lobar Pneumonia-right lung 3das  
General Debility 1 yex.

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>4</u>	<u>11</u>	hr. min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation Clerical

Major findings: Of operations \_\_\_\_\_

Of autopsy Yes

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name Thomas H. Sibothan

13. Birthplace New York City N.Y.  
(City, town or county) (State or foreign country)

14. Maiden name Mary Jane Diamond

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

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? \_\_\_\_\_

16. (a) Informant Helena A. Singler

(b) Address 5400 Arsenal St

17. (a) Burial (b) Date thereof 3/28/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

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

23. Signature Paul T. Hartman (M. D. or other) \_\_\_\_\_  
Address 5400 Arsenal St Date signed 3/26/47

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) MAR 28 1947 (b) J. F. Bredsch  
(Date received at local registrar) (Registrar's signature)

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

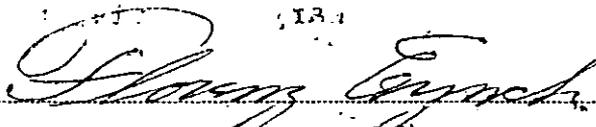
STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No. 1284

P. O. Address St. Louis, 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.