

S. No. 2
M-5-43
7. 5-17-39
I X38671

FILED JUL 19 1947

State File No.

Registrar's No. 10

Registration District No.

Primary Registration District No. 5315

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Saline Imp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

(c) City or town _____ (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edmund Seibert

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

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

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

7. Birth date of deceased 12 29 1882
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 14 year 1947 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from 12 1947 to 14 1947 that I last saw him alive and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Disease of Heart Duration 3

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Am

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years 94 Months 6 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Edmund 4

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

{ 14. Maiden name Edmund 4

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

16. (a) Informant Ed Seibert

(b) Address Seraid, Mo

17. (a) Burial (b) Date thereof 7-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Grove in care of Calbert Harbuck

18. (a) Signature of funeral director Primo

(b) Address Primo, 15th St, St. Louis

19. (a) 7-17-47 (b) 15th St, St. Louis
(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? 0

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature A L Meredith (M. D. or other) 24

Address Primo, St. Louis Date signed 7/14/47

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.....

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.