No. 2
-1/47
5-17-39-2

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3076

FILED JAN 30 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 687

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

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: Jewish Hospital
(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)

2. USUAL RESIDENCE OF DEACESED: 999
(a) State Illinois (b) County St. Clair
(c) City or town E. St. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 3048 Waverly 0
(If rural, give location) 21
(e) Citizen of foreign country? No (Yes or No) N.R.
If yes, name country

3. (a) PRINT FULL NAME Cyril William Seibert
3. (b) If veteran, name war World War #1
3. (c) Social Security No. 355-16-4658
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Georgia Gallaher Seibert
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased April (Month) 21 (Day) 1896 (Year)

8. AGE: Years 51 Months 9 Days 1 If less than one day hr. min.

9. Birthplace E. St. Louis, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Former Manager
11. Industry or business American Legion
FATHER 12. Name Henry J. Seibert
13. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary J. Klein
15. Birthplace E. St. Louis Ill. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Georgia Seibert
(b) Address E. St. Louis, Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation E. St. Louis, Ill
18. (a) Signature of funeral director [illegible]
(b) Address E. St. Louis, Ill.
19. (a) JAN 23 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22 year 1948 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from 10/10, 1947, to 1/22, 1948; that I last saw h... alive on 1/21, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute pulmonary edema	48 hrs
Due to: Cardiac decompensation, Hypertension	2 years
Due to: chronic arteriolar nephrosclerosis	2 years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations / Of autopsy	

PHYSICIAN — Underline the cause of 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) 0
While at work? (e) Means of injury
23. Signature A Goldman (M. D. or other) MD
Address 634 N O Grand Date signed 1/23/48

Jefferson City Printing Co.

(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.....

Licensed Embalmer No.....3162.....

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.