

No. 8
2-45
7-39
47070

FILED AUG 23 1948

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 7173

1. PLACE OF DEATH:

(a) County St. Louis, Mo
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community 0 days
years, months or days)

3. (a) PRINT FULL NAME EARL JOSEPH SIEBEN

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 7 21 1893
(Month) (Day) (Year)

8. AGE: Years 55 Months 0 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Rock Co Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Jacob Sieben

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

14. Maiden name Unknown

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

16. (a) Informant Hazel Sieben

(b) Address Mattoon Ill

17. (a) Removal (b) Date thereof 8-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mattoon Ill

18. (a) Signature of funeral home Rowland Mortuary Service

(b) Address 4104 Manchester Ave

19. (a) AUG 16 1948 (b) J. J. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County _____
(c) City or town Mattoon
(If outside city or town limits, write "RURAL")
(d) Street No. 3313 SHELBY AVE
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

999
11
62

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8-13-48 day _____
year _____ hour 10 minute 35 P.M.

21. I hereby certify that I attended the deceased from August 8, 1948, to August 13, 1948
that I last saw him alive on August 13, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to arteriosclerosis

Duration

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

Major findings: Of operations _____

PHYSICIAN

Of autopsy Confirmation of Coronary Occlusion and Old myocardial infarct.

Underline the cause to which death should be assigned.

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)
(c) Means of injury 0

23. Signature William J. Davis (M. D. or other) _____
Address Barnes Hospital Date signed _____

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

7173

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

J. Allen Davis

Licensed Embalmer No. 4053

P. O. Address St. Louis

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.