

FILED NOV 21 1949

STANDARD CERTIFICATE OF DEATH

State File No. 39280
9571

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Overland	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) R.R. 3701 Gordon Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) _____ c. (Last) Seibert	
4. DATE OF DEATH (Month) (Day) (Year) Nov. 8 1949		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan. 4/ 1876		9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months 10 Days 4 IF UNDER 24 HRS. Hours 4 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Monroe Co. 0		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Phillip Seibert		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Lena Seibert (Koch)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NONE	
16. SOCIAL SECURITY NO. 497-10-3924		17. INFORMANT'S SIGNATURE OR NAME Albert Seibert ADDRESS 3701 Gordon Ave. Overland Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure			INTERVAL BETWEEN ONSET AND DEATH 6 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary infarction			2 weeks
DUE TO (c) Atherosclerosis			
II. OTHER SIGNIFICANT CONDITIONS IMMEDIATELY PRECEDING DEATH Conditions contributing to the death but not related to the disease or condition causing death. none			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) 99			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4221			
22. I hereby certify that I attended the deceased from Aug 16 , 1949, to Nov 8 , 1949, that I last saw the deceased alive on Nov 8 , 1949, and that death occurred at 4:45 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Frank L. Catangaro D.C. 3		23b. ADDRESS 5020 Page Blvd	
23c. DATE SIGNED Nov 8-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Dupo		24b. DATE Nov. 10/1949	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Dupo, Illinois	
DATE REC'D BY LOCAL REG. NOV 9 1949		REGISTRAR'S SIGNATURE J. B. Pasater	
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington Blvd.	

WRITE PLAINLY—USING 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 ~~self~~ by Me

Student Embalmer No. _____

working under my personal supervision.

Signed Guy W. Wilkinson

Signed
Student Embalmer

Licensed Embalmer No. 3575

P. O. Address Harris MD

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.