

FILED APR 25 1950

STANDARD CERTIFICATE OF DEATH

State File No. 15000

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. 1003 Registrar's No. 3418

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF (If not in hospital or institution, give street address or location) Hospital OR INSTITUTION En-Route City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY
c. CITY (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 5343 Cote Brilliante

3. NAME OF DECEASED (Type or Print)
a. (First) Elwyn
b. (Middle) Carl
c. (Last) Siebert
4. DATE OF DEATH (Month) (Day) (Year) 4-12-50

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Sept. 23, 1892
9. AGE (In years) (Months) (Days) 57

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pattern Maker
10b. KIND OF BUSINESS OR INDUSTRY Foundry
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Theodore Carl Sieber
13b. MOTHER'S MAIDEN NAME Miriam Naomi Chrisman
14. NAME OF HUSBAND OR WIFE Pauline Sieber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pauline Sieber 5047 Page

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fr of First Cervical Vertebra
ANTECEDENT CAUSES when deceased was found dead in his room at his home
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)
DUE TO (c) 5343 Cote Brilliante Ave on April 12 1950 at about 9:39 am
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Cause and manner of death could not be determined. AAD open verdict
19c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Verdict
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)
21e. INJURY/OCCURRED WHILE AT WORK [] NOT WHILE AT WORK []
21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 9:39 A.M., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Patrick C Taylor 3 Coroner
22b. ADDRESS 1300 Clark
22c. DATE SIGNED 4-13-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-15-50
24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. PR 13 1950
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington

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, or by _____

working under my personal supervision.

Student Embalmer No.

Signed

Robert M. Murray

Signed.....
Student Embalmer

Licensed Embalmer No. 3749

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.