

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35800

State File No. _____

FILED NOV 10 1950

No. 300
10-48

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>2670</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Creve Coeur</u>		c. LENGTH OF STAY (in this place) <u>60 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Creve Coeur</u>		4730	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Marine & McKelvey Rds.</u>				d. STREET ADDRESS (If rural, give location) <u>Marine & McKelvey Rds.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>George</u>		c. (Last) <u>Seibert</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4, 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 13, 1870</u>	
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (State or foreign country) <u>Clayton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Adam Seibert</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Bruckner</u>		14. NAME OF HUSBAND OR WIFE <u>Lydia M. Seibert Decd.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lydia Kirchoff Creve Coeur, Mo.</u> ADDRESS _____			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis, acute heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>mitral stenosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>H10X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>26 1/2 yrs</u>	
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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from _____, 19 <u>44</u> , to <u>Nov 2</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Nov 2</u> , 19 <u>50</u> , and that death occurred at <u>11-11</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>R.A. Garner</u>		(Degree or title) _____		23b. ADDRESS <u>3724 Juning St</u>		23c. DATE SIGNED <u>11-6-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-6-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls Ev. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Olivette, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-6-50</u>		REGISTRAR'S SIGNATURE <u>H.R. Danke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Baummann Bros Inc.</u> ADDRESS <u>2504 Woodson Rd - Overland - 14 - Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

3129
Res
2214
Returner - Pa. - 9464

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 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.