

FILED AUG 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29158

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 676 Registrar's No. 2922

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) OR TOWN Gardenville	c. LENGTH OF STAY (In this place) 45 Yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gardenville	4820
d. FULL NAME OF HOSPITAL OR INSTITUTION 4500 Seibert		d. STREET ADDRESS (If rural, give location) 4500 Seibert	

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Seibert c. (Last) Seibert			4. DATE OF DEATH (Month) (Day) (Year) 8 15 51		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Apr. 21, 1885		9. AGE (In years last birthday) 66
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hwife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) St. Louis Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Bernard Wolk		13b. MOTHER'S MAIDEN NAME Mary Zerwick		14. NAME OF HUSBAND OR WIFE Joseph Seibert	
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 Joseph Seibert 4500 Seibert	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rupture of intestine		INTERVAL BETWEEN ONSET AND DEATH 5 days	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heartal hernia			8 days
	DUE TO (c) Incarcerated ventral hernia			5 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none 5613				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **8-10, 1951**, to **8-15, 1951**, that I last saw the deceased alive on **8-14, 1951**, and that death occurred at **5:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John H. ...	23b. ADDRESS 2840 California	23c. DATE SIGNED 8-16-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/18/51	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
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DATE REC'D BY LOCAL REG. 8-17-51	REGISTRAR'S SIGNATURE Robert R. ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.L. Ziegenhein & Sons 7027 Gravois
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10/48

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

W. G. Peterson

Signed.....

Student Embalmer

Licensed Embalmer No. *3767*

P. O. Address

7027 Gravois

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.