

FILED NOV 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40304

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3669

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellisville
c. LENGTH OF STAY (In this place) 19 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sunset Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo.
b. COUNTY St. Louis
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester
d. STREET ADDRESS (If rural, give location) Highway #50

3. NAME OF DECEASED
a. (First) Adam b. (Middle) William c. (Last) Seibel
4. DATE OF DEATH (Month) (Day) (Year) Nov. 11, 1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower
8. DATE OF BIRTH Aug. 19, 1868 9. AGE (In years last birthday) 83

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building Contractor
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (State or foreign country) Manchester, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Henry Seibel 13b. MOTHER'S MAIDEN NAME Anna Umbach 14. NAME OF HUSBAND OR WIFE Louise Schleusner Seibel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ethel Lehmann, Manchester, Mo. 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, asthma, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac (Mitral) decompensation and Cerebral Thrombosis
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) 1. Coronary Sclerosis; 2 Hypotension
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary edema
INTERVAL BETWEEN ONSET AND DEATH 10 wks. 2 1/2 yrs.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) A201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 March 1946, to Nov. 11, 1951, that I last saw the deceased alive on Nov. 10, 1951, and that death occurred at 5:15A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ralph W. Laffey, D.O. 23b. ADDRESS Manchester, Mo. 23c. DATE SIGNED 11/12/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Nov. 13, 51 24c. NAME OF CEMETERY St. John 24d. LOCATION (City, town, or county) (State) Manchester, Mo.

DATE REC'D BY LOCAL REG. 11-13-51 REGISTRAR'S SIGNATURE Hubert P. Janku, M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader Funeral Home, Ballwin, Mo.

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

Theo. Schuster

Signed.....

Student Embalmer

Licensed Embalmer No. *3066*

P. O. Address *Baltimore, 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.