

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 26 1957

28570
STATE FILE NUMBER

Registration District No. 160

Primary Registration District No. 559

Registrar's No. 77

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FESTUS RURAL Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR MOUNTAIN VIEW INSTITUTION CONVALESCENT HOME 5 MO Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 5873 WABADA AVE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Walter Middle W Last Siebelts			4. DATE OF DEATH Month 8 Day 12 Year 57		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH ABOUT 1872	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 8 Days 12 Hours 57 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY CARPENTER	11. BIRTHPLACE (City and state or country) ST. LOUIS MO	12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME HENRY SIEBELTS			14. MOTHER'S MAIDEN NAME AUGUSTA NONNEKAMP		

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 496-14-7405	17. INFORMANT WALTER SIEBELTS 5873 WABADA Address
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH Worse 3 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 4221		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-18-57 to 8-12-57 and last saw him alive on 8-12-57 Death occurred at 2:30 P. m. on the date stated above; and to the best of my knowledge, from the causes stated		
22a. SIGNATURE (Degree or title) R. D. Arnold M.D.	22b. ADDRESS Crystal City Mo	22c. DATE SIGNED 8-12-57

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 8-14-57	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.	23d. LOCATION (City, town, or county) (State) ST. LOUIS MO
24. FUNERAL DIRECTOR W.A. STOCK ADDRESS 2117 E GRAND	25. DATE RECD. BY LOCAL REG. 8-13-57	26. REGISTRAR'S SIGNATURE James G. ...	

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

502-0

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

AUG 20 1957

AUG 27 1957

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.....
Signature of Student Embalmer

Signed *Paul A. Kechter*

Licensed Embalmer No. *47*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.