

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023751
STATE FILE NUMBER

V.S. 300
ev. 1-56

FILED JUN 27 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar 6009

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3703 Washington Blvd.		d. STREET ADDRESS (If outside, give location) 3703 Washington Blvd.	
3. NAME OF DECEASED (Type or print) First Middle Last Edward H. Siebke		4. DATE OF DEATH Month Day Year June 10, 1958	
5. SEX M. W.	6. COLOR OR RACE W.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 7, 1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Pur. Agent Gen. Am. Ins. Co.		10b. KIND OF BUSINESS OR INDUSTRY Gen. Am. Ins. Co.	11. BIRTHPLACE (City and state or country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME Henry Siebke	
14. MOTHER'S MAIDEN NAME Louise Muschett		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. 488-07-9476		17. INFORMANT Mrs. Margaret Siebke, 3703 Washington Blvd.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Coronary Sclerosis 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(a)			INTERVAL BETWEEN ONSET AND DEATH 420.1
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Month, Day, Year a. m. 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 _____, to _____ and last saw her/him alive on _____ Death occurred at 3:38 a. m. on the date stated above; and to the best of my knowledge, from the causes stated			
22a. SIGNATURE Joseph M. Quinn		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 6/11/58		23a. NAME OF CEMETERY OR CREMATORY New Pickers Cemetery	
23b. DATE June 12, 1958		23c. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
24. GENERAL DIRECTOR Arthur J. Donnelly		25. DATE RECD. BY LOCAL REG. JUN 11 1958	
26. REGISTRAR'S SIGNATURE [Signature]		27. ADDRESS 3840 Lindell Blvd.	

securing the medical certification in the specific manner required by 193.140 MoRS 1949. 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

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 .....

Licensed Embalmer No. 469

P. O. Address 3840 1/2

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.