

# R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027207

FILED JUL 17 1959

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar No. **3 6345**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST LOUIS,</b>		Length of stay in 1b		c. CITY OR TOWN <b>ST LOUIS,</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>CHRISTIAN HOSPITAL</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>4626 SANFRANCISCO AVE</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>FRED</b> Middle <b>C.</b> Last <b>SIEBER</b>				4. DATE OF DEATH Month <b>JULY</b> Day <b>3</b> Year <b>1959</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>AUG. 24, 1891</b>	9. AGE (last birthday) <b>67</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CLERK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>JOHN DEERE PLOW CO.</b>		11. BIRTHPLACE (City and state or country) <b>ST LOUIS MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JOSEPH SIEBER</b>			13b. MOTHER'S MAIDEN NAME <b>LENA SCHNELL</b>		14. NAME OF HUSBAND OR WIFE <b>VIRGINIA SIEBER</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WORLD WAR I.</b>		16. SOCIAL SECURITY NO. <b>494-01-5136</b>		17. INFORMANT Address <b>VIRGINIA SIEBER 4626 SANFRANCISCO AVE</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Hypertension, Hypertensive heart disease</b>						<b>3/3/58</b>	
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)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 _____ 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 <b>3/3/58</b> to <b>6/23/58</b> and last saw <del>him</del> <sup>her</sup> alive on <b>6/23/58</b> Death occurred at <b>7/3/59</b> <b>11-a</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>John Costello MD</i> (Degree or title)				22b. ADDRESS <b>2407a N. Broadway</b>			22c. DATE SIGNED <b>7/3/59</b>
22a. BURIAL, CREMATION, OR REMOVAL (Specify)		22b. DATE <b>7/7/59</b>	22c. NAME OF CEMETERY OR CREMATORY <b>BELLEFONTAINE CEMETERY</b>		22d. LOCATION (City, town, or county) <b>ST LOUIS MISSOURI</b>		(State)
24. FUNERAL DIRECTOR <b>STROCK - CARROLL 4600 NATURAL BRIDGE</b>				25. DATE RECD. BY LOCAL REG. <b>JUL 6 '59</b>		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i> <i>mgs</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

*Dr Caetrisis  
2407 70 Broadway*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed M W Rueter

Licensed Embalmer No. 4865

P.O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.