JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 18 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1484

STATE FILE NUMBER 60-008863

NDED

1. PLACE OF DEATH
a. COUNTY

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 St. Louis — Length of stay in 1b 52 yrs

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3432a Iowa Avenue — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 3432a Iowa Avenue — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First GOTTHILF Middle E. Last SEIBEL

4. DATE OF DEATH Month Day Year Feb. 7, 1960

5. SEX male

6. COLOR OR RACE white

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 9/19/1878

9. AGE (last birthday) 81 — 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) retired bookbinder

10b. KIND OF BUSINESS OR INDUSTRY religious publications

11. BIRTHPLACE (City and state or country) Frohna, Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Emmanuel Seibel

13b. MOTHER'S MAIDEN NAME Sophia Grasz

14. NAME OF HUSBAND OR WIFE Wilhelmine Walther

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. 489-03-9991

17. INFORMANT Address Otto E. Seibel, 6752 Devonshire Avenue

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 — INTERVAL BETWEEN ONSET AND DEATH 1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) General Arteria - Sclerotic Heart Disease — 2

DUE TO (c) 420.0

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 January 6 · 60, to February 7 · 1960 and last saw her/him alive on February 7 · 1960

Death occurred at 2:00 P. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Julius Chas Rotter M.D.

22b. ADDRESS 2603 Cherokee St.

22c. DATE SIGNED 2/8/60

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE Feb. 9, 1960

23c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS BEIDERWIEDEN F.H.INC., 1936 St.Louis Ave

25. DATE RECD. BY LOCAL REG. FEB 9 1960

26. REGISTRAR'S SIGNATURE Carl Smith, M.D. MPB.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

Dr. Julius C. Rotter
2603 Cherokee St.
PR 6-3636 - Office
PA 1-4635 Home

3 30 pm

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 Homer H. Drit

Licensed Embalmer No. 3882

P. O. Address St. Louis

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