

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013213

FILED VS MAR 25 1960

2 3051

STATE FILE NUMBER

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

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 (11)		Length of stay in lb Life		c. CITY OR TOWN St. Louis (11)		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7820 Virginia Ave.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7820 Virginia Ave.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) WILLIAM A SIEBERT				4. DATE OF DEATH Month Mar. Day 15, Year 1960			
5. SEX M	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 9/21/86	9. AGE (last birthday) 73	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) Shoe Cutter			10b. KIND OF BUSINESS OR INDUSTRY Johanson Bros.		11. BIRTHPLACE (City and state or country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Christian O. Siebert			13b. MOTHER'S MAIDEN NAME Christine Ellis			14. NAME OF HUSBAND OR WIFE Emma Siebert	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give branch or dates of service) No None			16. SOCIAL SECURITY NO. 497-05-8034		17. INFORMANT Address Emma E Siebert 7820 Virginia Ave. (11)		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis / stroke Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Ch. I.V. Heart Disease DUE TO (c) 420.1						INTERVAL BETWEEN ONSET AND DEATH	
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.) None					
20c. TIME OF INJURY Hour Month, Day, Year me							
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.) 2120/60		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 3/15/60 to 3/15/60 and last saw him alive on 3/15/60 . Death occurred on 3/15/60 at 12:55 AM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE O. O. Pfeiffer (Degree or title)				22b. ADDRESS 4523 S King		22c. DATE SIGNED 3/15/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3/17/60	23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery		23d. LOCATION (City, town, or county) (State) Affton 23 Mo.		
24. FUNERAL DIRECTOR ADDRESS Fendler Und. Co. 7420 Michigan Ave. (11)			25. DATE RECD. BY LOCAL REG. MAR 16 1960		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Me

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.