

# FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-047193

FILED VS JAN 12 1961

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 267 STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>St. Charles</u>	b. CITY (if outside corporate limits, give TOWNSHIP only) <u>St. Charles</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>St. Charles</u>
Length of stay in lb <u>10 hrs</u>		c. CITY OR TOWN <u>St. Charles</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) <u>St. Josephs Hospital</u>		d. STREET ADDRESS (if outside, give location) <u>Rt. 4 Box 130</u>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <u>Charles</u>	Middle <u>F.</u>	Last <u>Seib</u>	Month <u>Dec.</u>	Day <u>31st</u>	Year <u>1960</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-9-1887</u>	9. AGE (last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Chauffeur</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Furniture</u>	11. BIRTHPLACE (City and state or country) <u>Little Rock Ark.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Carl Seib</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown Seib</u>	14. NAME OF HUSBAND OR WIFE <u>Christina Seib</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT <u>Boy DeLong</u>	Address <u>9210 Eagar Rd Brentwood, Mo.</u>
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>acute Peritonsillar abscess</u>	DUE TO (b) <u>Streptococcus</u>	<u>1 day</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	<u>1 day</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>pneumonia</u>	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
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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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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
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21. I attended the deceased from 12-30-60 to 12-31-60 and last saw <sup>her</sup> him 5:20 A <sup>live</sup> on 12-31-60  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>W H P O G G e m e n M D</u> (Degree or title)	22b. ADDRESS <u>St Charles, Mo</u>	22c. DATE SIGNED <u>Jan 2, 1961</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	23b. DATE <u>1-3-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>
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24. FUNERAL DIRECTOR <u>Joy B. Smith, Maplewood, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>1/2/61</u>	26. REGISTRAR'S SIGNATURE <u>Mareeela Wilson</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 12 1961

**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 Melvin Bertean

Licensed Embalmer No. 4903

P. O. Address H. Row

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.