

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 791
 Townships 1000 B File No. 11621
 City St. Louis MO (No. 3876 - Wyoming) Primary Registration District No. Wyoming Registered No. 2698
 St. Ward)

2. FULL NAME

(a) Residence, No. 3876 - Wyoming St. 16 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Lena Seibt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2 - 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 1 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Department Store

10. Date deceased last worked at this occupation (month and year) January - 1933 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boles MO

13. NAME William Seibt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Katherine Seibt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Lena Seibt (ADDRESS) 3876 Wyoming

18. BURIAL, CREMATION, OR REMOVAL PLACE Angels B. Pl. DATE March 22 1933

19. UNDERTAKER (ADDRESS) Henry & Heidenmüller 6703 Broadway Ave

20. FILED MAR 21 1933 Walt C. Stawdry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 / 19 1933

22. I HEREBY CERTIFY, That I attended deceased from 10 / 19 1930, to 3 / 19 1933

I last saw him alive on 3 / 19 1933 Death is said to have occurred on the date stated above, at 1:50 P.M.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis Date of onset About 1930
131
asth.
ga.
 Other contributory causes of importance:
Chr. Myocarditis About 1929
Chr. Int. Nephritis 1929

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify..... (Signed) J. M. Moskup. M. D.
 (Address) 3554 Victor St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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