

REC'D JUN 9 1938

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

16653
Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis, (d) Street No. 4339 Fyler Ave.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Infant Siebum
(a) Residence, No. 4339 Fyler Ave. St. 15
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, 16, 1938.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME William H. Siebum
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

15. MAIDEN NAME Effie Newberry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT William H. Siebum
(ADDRESS) 4339 Fyler Ave.

18. BURIAL, CREMATION, OR REMOVAL
St. Paul Churchyard DATE May 17, 1938

19. FUNERAL DIRECTOR J. H. Gubken P & Co
(ADDRESS) 2630 Gravois Ave.

20. FILED MAY 17 1938 J. D. Brudick
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1938
22. I HEREBY CERTIFY, That I attended deceased from 5/16 1938, to 5/16 1938
I last saw h. alive on 5/16 1938 Death is said to have occurred on the date stated above, at 1:45 p.m.
The principal cause of death and related causes of importance were as follows:

INTRA UTERINE ASPHYXIA.
Suicideth

Other contributory causes of importance:
TRUE KNOT IN UMBILICAL
CORO.

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?.....
If so, specify S. A. Mitchell / M. D.
(Signed) S. A. Mitchell
(Address) 1325 S. Grand

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken Licensed Embalmer No. 2120

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed

Herman A. Gebken

Licensed Embalmer No. 2120

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.)