

REC'D JUL 11 1938

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

21518

Do not use this space.

1. PLACE OF DEATH

(a) County Cape
(b) Township Cape
(c) City Cape Girardeau Mo.
(e) Length of residence in city or town where death occurred

125
Registration District No. 3009
Primary Registration District No. South East Hospital Registered No. 169
(d) Street No. 140
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Gottlieb Seibel
(a) Residence, No. Uniontown Mo. St. Uniontown Mo.
(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 Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 10, 1885
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
53 5 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Altenburg (STATE OR COUNTRY) Mo.

FATHER 13. NAME Henry Seibel
14. BIRTHPLACE (CITY OR TOWN) Altenburg (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Pauline Hopper
16. BIRTHPLACE (CITY OR TOWN) Altenburg (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Emanuel Rabold
Uniontown Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Uniontown DATE 6-25-1938

19. FUNERAL DIRECTOR (NAME) L.L. Haman
(ADDRESS) Cape Girardeau Mo.

20. FILED 6-21-38 J.M. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21st, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 3rd, 1938, to June 21st, 1938
I last saw him alive on June 20th, 1938. Death is said to have occurred on the date stated above, at 4:30 a. m.
The principal cause of death and related causes of importance were as follows:

Pleuritis Acute Date of onset May 28/38

Other contributory causes of importance:
Chr. Appendicitis
Intestinal adhesions
Intestinal obstruction
Name of operation laparotomy Date of 6/27-28/38
What test confirmed diagnosis? pathology 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) E. B. Schuk, M. D.
(Address) Cape Girardeau, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Haman's Funeral Home, or by

Registered Apprentice No....., working under my personal supervision.

Signed..... *H. G. Haman*

Licensed Embalmer No. *2563*

P. O. Address

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 this body is not embalmed, above space should be left blank.