

REC'D APR 12 1939

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



791
1003

8560

1. PLACE OF DEATH
 (a) County Registration District No.
 (b) Township Primary Registration District No.
 or
 (c) City St. Louis, Mo. (d) Street No. Central Hospital
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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.
 Registered No. 2333

2. PRINT FULL NAME Lena C. Seibert,
 (a) Residence, No. 2309a Dodier Street St. 20
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred J. Seibert,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15th, 1873

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>65</u>	<u>7</u>	<u>25</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
 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) Germany 6

FATHER
 13. NAME Karl Luecke, 6
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER
 15. MAIDEN NAME Louisa Gruemmert
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mr. Charles Seibert,
2309a Dodier Street.

18. BURIAL, CREMATION, OR REMOVAL PLACE Zions Cem. DATE March 13th, 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Henry Leidner Und.
1417 N. Market Street.

20. FILED MAR 11 1939 J. J. Biedisch
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 10 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1939 to Mar 10 1939.
 I last saw him alive on Mar 9 1939. Death is said to have occurred on the date stated above, at 2³⁰ P. M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage 3/7/39
Chronic Pyelonephritis
Nephritis

Other contributory causes of importance:
None

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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) Arthur H. Gust M. D.
 (Address) 1901 Madison 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.

Dr. J. B. Smith
6-5-50

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, or by _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

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.