

REC'D AUG 11 1939

791

Registration District No.

1003

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Deaconess Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 Days
 (Specify whether
Unknown (years, months or days)

3. (a) PRINT FULL NAME Gottlieb E. Seybold 1433. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mrs Louise Seybold
 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased May 24 1868
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>2</u>	<u>1</u>	hr. _____ min.

9. Birthplace Bay Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Cir. Mgr. Eden Pub. Co.

11. Industry or business _____

MOTHER FATHER
 { 12. Name Unknown
 { 18. Birthplace Unknown
 { 14. Maiden name Unknown
 { 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature G. E. Seybold(b) Address 7632 Marion Court17. (a) Crematory (b) Date there July 28-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Walbridge18. (a) Signature of funeral director The Ledger Co.(b) Address 1417 N. Market St.19. (a) JUL 28 1939 (b) J. B. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town Maplewoods
 (If outside city or town limits, write "RURAL")
 (d) Street No. 7632 Marion Court.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1939 hour 7:00 minute 42 PM M.21. I hereby certify that I attended the deceased from July 19 1939 to July 25 1939 that I last saw him alive on July 25 1939 and that death occurred on the date and hour stated above.Immediate cause of death Lobar Pneumonia Duration 4 daysDue to TYPE 5Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____
 28. Signature Vernon F. [Signature] (M. D. or Other)
 Address 3101^a Sutton Ave Date signed 7-27-39
Maplewoods Mo.

3101 - Austin

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, ^{and} by John A. Melina, Registered Apprentice No. 207 working under my personal supervision.

Signed John T. Buchholz
Licensed Embalmer No. 16740
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.