DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 12 1940

Registration District No.

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 42119

Registrar's No. 11242

**1. PLACE OF DEATH:**

(a) County 1

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 18 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 1

(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")

(d) Street No. 4403 S. 38th Str.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 85 years years.

3. (a) PRINT FULL NAME LOUIS SEBENHAR 156

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Bucher

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased August (Month) 27 (Day) 1850 (Year)

8. AGE: Years 89 | Months 4 | Days 3 | If less than one day ___ hr. ___ min.

9. Birthplace Unknown (City, town, or county) Switzerland (State or foreign country)

10. Usual occupation Car Repairer

11. Industry or business Railroad 7

FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lillian Barr
(b) Address 4403 S. 38th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof January 2, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Carmel, East St. Louis, Ill

18. (a) Signature of funeral director Biederwieden Funeral Home Inc
(b) Address 1936 St. Louis Ave.

19. (a) DEC 31 1939 (Date received local registrar) (b) J. F. Bardick (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December day 30
year 1939 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec 28, 1939, to Dec 30, 1939; that I last saw him alive on Dec 30, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature A. J. French (M. D. or other)
Address City Hospital Date signed 12/31/39

(Licensed Embalmer's Statement on Reverse Side)

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.

## 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.....

Licensed Embalmer No. 3737

P. O. Address 1926 St. Louis

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)**

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