

0. 2  
-10-39  
7-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 30309  
Registrar's No. 7586

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:  
EN ROUTE TO HOSPITAL  
(If not in hospital or institution, write street number or location) 3  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME JOHN SIEBOLD

3. (b) If veteran, name war NO 3. (c) Social Security No. 490-12-5950

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased MAY 19 1890  
(Month) (Day) (Year)

8. AGE: Years 50 Months 3 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ST LOUIS MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation ELEVATOR OPERATOR

11. Industry or business UNEMPLOYED

12. Name FRED SIEBOLD

13. Birthplace GERMANY  
(City, town, or county) (State or foreign country)

14. Maiden name CHRISTINA LENTZEN

15. Birthplace GERMANY  
(City, town, or county) (State or foreign country)

16. (a) Informant William Siebold

(b) Address 1515 Billings

17. (a) BURIAL (b) Date thereof SEPT. 11 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW ST PETER & PAUL CHURCH

18. (a) Signature of funeral director Jos. B. Isenhardt

(b) Address 7128 IMPERIAL AVE. ST. LOUIS, MO.

19. (a) SEP 16 1940 (b) \_\_\_\_\_  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County \_\_\_\_\_  
(c) City or town ST LOUIS 21  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2207 Chestnut St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 8  
year 1940 hour 6:00 minute P.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death White Thrombosis with coronary sclerosis  
Due to Chronic interstitial nephritis  
Other conditions (Include pregnancy within 3 months of death) Nephritis  
Major findings: Of operations \_\_\_\_\_  
Of autopsy 131

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? \_\_\_\_\_  
While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury 5  
23. Signature Joseph M. ... (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_

**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.....

.....  
working under my personal supervision.

..... Registered Apprentice No.....

Signed.....

Licensed Embalmer No. 925

P. O. Address. ST LOUIS, MO

**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.**