

ED MAR 30 1943 318

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 2767

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3474 S. Spring Av. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Carl Siebert

3. (b) If veteran, name war. no. 3. (c) Social Security No. no.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, widower

6. (b) Name of husband or wife Helen Siebert 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 26 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 10 26 hr. min.

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

10. Usual occupation Landscape Gardener
Retired

11. Industry or business

12. Name William Siebert

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

14. Maiden name Sophie Kirich
(City, town, or county) (State or foreign country)

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

16. (a) Informant Bertha Siebert

(b) Address 3474 S. Spring Av.

17. (a) Burial (b) Date thereof 3-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Bur. PK.

18. (a) Signature of funeral director Witt Bro. L & No

(b) Address 2929 S. Jefferson Av.

19. (c) MAR 23 1943 (Date received local registrar) J. F. Pudelek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3474 S. Spring Av.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1943 hour 6 minute 459 M.

21. I hereby certify that I attended the deceased from May 10/43
to March 22, 1943
that I last saw him alive on March 20, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart

Due to Empyema & Pneumonia 4 months

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

Major findings: _____

Of operations: _____

Of autopsy: _____

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 _____

3. Signature Paul R. Hargman (M. D. or other)

Address 3608 1/2 Bates St. St. Louis Date signed 3/22

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

MOTHER FATHER

Duration

1 DAY

PHYSICIAN

Underline the cause to which death should be charged statistically.

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... *Gustav W. Dietzle*

Licensed Embalmer No. *4329*

P. O. Address... *29295 Jefferson*

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, fact should be so stated above.