

FILED OCT 19 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8855

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2644A CAROLINE ST. 11
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2644A CAROLINE ST.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EDWARD JAMES SEIBOLD.

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

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 _____

7. Birth date of deceased JUNE 5 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 4 1 hr. min.

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

10. Usual occupation EXPRESS

11. Industry or business _____

12. Name John Seibold

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

14. Maiden name ADA MUDD

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

16. (a) Informant Mrs. Ada Seibold

(b) Address 2644A Caroline St.

17. (a) BURIAL (b) Date thereof OCT 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEM. JEFFERSON BARRACKS

18. (a) Signature of funeral director E. J. Schmur

(b) Address 3125 LA FAYETTE AV.

19. (a) OCT 7 1943 (b) J. P. Buschek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6
year 1943 hour 6 minute 30 pm.

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: Chronic Adipose Pericarditis
Coronary Occlusion

Due to _____
Due to GH

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature James J. Thompson (M.D. or other) _____
Address 1300 E. 4th Date signed 10/7/43

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

MOTHER FATHER

OCT 14 '43

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

Harry J. Schumacher

Licensed Embalmer No.

2679

P. O. Address

732 Kemoy Ferry Rd

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.