S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

30788

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1948

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 16749

Registrar's No.

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 4945 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 919
(If outside city or town limits, write "RURAL")

(d) Street No. 4149 West Pine
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Harold Wade Seibert

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased January (Month) 27 (Day) 1915 (Year)

8. AGE:

Years	Months	Days	If less than one day
29	3	29	hr. min.

9. Birthplace San Bernardino (City, town, or county) California (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Chevrolet Motor Co.

FATHER
12. Name Francis M. Seibert
13. Birthplace Fayette County (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Grace Mae Skinner
15. Birthplace Fayette County (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Francis M. Seibert
(b) Address 3915a Shaw Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-28-44 (Month) (Day) (Year)
(c) Place: burial or cremation Keysport, Illinois

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) MAY 29 1944 (Date received local registrar) J. F. Bradick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26th
year 1944 hour 11 minute 05 a.m.

21. I hereby certify that I attended the deceased from May 22nd, 1944 to May 26th, 1944
that I last saw him alive on May 26th, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Epilepsy	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

85

Major findings:
Of operations
Of autopsy No finding

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 0 m.o.

23. Signature Fran Steinberg (M. D. or other)
Address 1515 Lafayette Date signed 5/26/44

(Licensed Embalmer's Statement on Reverse Side)

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 John W. Ogonoski

Licensed Embalmer No. 3398

P. O. Address.....

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, fact should be so stated above.