

**FILED NOV 25 1946**  
**318**

Registrar's No. **9585**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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

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:  
2323 Lafayette A ve.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether \_\_\_\_\_)  
In this community Life  
years, months or days

3. (a) PRINT FULL NAME George Martin Seib

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 Married

6. (b) Name of husband or wife Carrie 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Oct. 8 1873  
(Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Baker

11. Industry or business Retired

MOTHER FATHER { 12. Name Phillip Seib  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Kunz  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant George A Seib

(b) Address 2323 Lafayette Ave., St. Louis,

17. (a) Burial (b) Date thereof 11/9/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave., St. Louis, Mo.

19. (a) NOV 9 1946 J. F. Brueckel  
(Date received local registrar) (Registrar's signature)

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. 2323 Lafayette Ave  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7  
year 1946 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from October  
1945 to Nov 7 1946

that I last saw him alive on Nov 7 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

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 (c)

23. Signature Arthur B. Day (M. D. or other) \_\_\_\_\_

Address 3720 Washington Date signed 11-8-46

Duration

1 yr.

PHYSICIAN

Underline the cause to which death should be charged statistically.

116076

**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 L.P. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 LAUREL

**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.