

Registration District No. **318** Primary Registration District No. **1003**

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

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: Barnes Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Illinois (b) County _____
 (c) City or town Mt. Vernon, Ill.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 716 E. Main
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William Henry Sebel
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Nellie M. Sebel 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased June 2 1870
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>4</u>	<u>3</u>	hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business Shoe Merchant

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Nellie M. Sebel

(b) Address 716 E. Main, Mt. Vernon, Ill.

17. (a) Removal (b) Date thereof 10-7-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Indianapolis, Indiana

18. (a) Signature of funeral director Herman Huber, Inc.

(b) Address 5216 Delmar Blvd.

19. (a) OCT 6 1947 (b) J. F. Brudeck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5 year 1947 hour 5 minute 40 P. M.
 21. I hereby certify that I attended the deceased from Oct 3 1947 to Oct 5 1947
 that I last saw him alive on Oct 5 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema
Chronic Congestive Failure
 Due to arteriosclerotic heart disease
 Due to _____

Other conditions old Myo. Infarctus
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy as above - Bilateral Pulveral Effusion

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)
 Means of injury _____
 23. Signature E. D. Jones (M. D. or other)
 Address Barnes Hospital, Date signed 10/6/47

Duration 4-6 hrs
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.....
John Ketter
Licensed Embalmer No. 3880
P. O. Address.....

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.