

FILED OCT 11 1947

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9176

Registration District No.

Primary Registration District No.

Registrar's No.

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: Jewish Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 28 days
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME ESTELLE SIEBERT

3. (b) If veteran, name war - 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Frank Siebert 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased September 13, 1897
(Month) (Day) (Year)

8. AGE: Years 50 Months 0 Days 17 If less than one day hr. min.

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

10. Usual occupation Beauty Operator
Beauty Shop

11. Industry or business John Kuehner

12. Name John Kuehner

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

14. Maiden name Josephine Spreidler

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

16. (a) Informant Frank Siebert
(b) Address St. Louis, Mo.

17. (a) removal (b) Date thereof 9/30/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belleville, Ill.

18. (a) Signature of funeral director J. F. Bredner
(b) Address Belleville, Ill.

19. (a) OCT 3 1947 (b) J. F. Bredner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County sed
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3915a Shaw Blvd.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 30
year 1947 hour 8 minute 25 P.M.
21. I hereby certify that I attended the deceased from 9-2-47
19 9-30 to 9-30 19 47
that I last saw her alive on 9-29-47 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Breast Duration 1 1/2 yrs
Due to Metastasis
Due to 50

Other conditions (Include pregnancy within 3 months of death)

Major findings: Ca Breast
Of operations 50
Of autopsy

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 J. F. Bredner (M. D. Registrar)
Address 462 N Taylor Date signed 10/10/47

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

Schwaebelen

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.

Body not embalmed.

Signed.....

John Gardner
Licensed Embalmer No.....

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.