

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 \_\_\_\_\_

(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—Max C. Starkloff  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Ernest R. Sebastian

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 Widowed

6. (b) Name of husband or wife Lottie

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

7. Birth date of deceased November 15, 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72	5	4	hr. min.
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9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Night Watchman Retired 15Yrs.

11. Industry or business \_\_\_\_\_

12. Name Bruno Sebastian

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

14. Maiden name Laura Scheidt

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

16. (a) Informant Mrs. Christine Post

(b) Address 4921a So. Compton Ave.

17. (a) Removal (b) Date thereof 4/20/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield, Missouri

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.

19. (a) APR 19 1948 (b) J. F. Brudack  
(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. 4921a So. Compton Ave.  
Memorial  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th  
year 1948 hour 9 minute 50 A.M.

21. I hereby certify that I attended the deceased from 3/12/48  
\_\_\_\_\_ 19\_\_\_\_, to April 19th 19 48  
and that death occurred on the date and hour stated above.

that I last saw him alive on April 19th 19 48

Immediate cause of death \_\_\_\_\_  
Cerebral Vascular Accident

Due to Cerebral Arteriosclerosis

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

Other conditions Systemic Cerebral Art.  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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. Lowry Brown (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Date signed 4/19/48

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**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..... *Joe S. Benz*.....

Licensed Embalmer No. *24249*.....

P. O. Address *2842 Miramar St*.....

**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.**