

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

21341
State File No. 5971
Registrar's No.

FILED JUL 15 1948
Registration District No. 318

Primary, Registration District 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:
Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Fred W. Siebel
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gertrude 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 21 1877
(Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days 12
If less than one day _____ hr. _____ min.

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

10. Usual occupation Salesman

11. Industry or business Anheuser Bush Brewery

12. Name Rudolph Siebel

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

14. Maiden name Caroline Witte

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

16. (a) Informant Gertrude Siebel

(b) Address 1646 S. Teresa Ave.,

17. (a) Burial (b) Date thereof July 6 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand Blvd.,

19. (a) JUL 6 1948 (b) J. F. Brack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1646 S. Teresa
(If rural, give location)
(e) Citizen of foreign country? 17 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 48 hour 12 minute 20 A. M.

21. I hereby certify that I attended the deceased from June 20 1948 to July 3 1948
that I last saw him alive on July 3 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Uraemia
Cerebral Apoplexy (Neurology)

Due to Arteriosclerosis
Hypertension

Other conditions (Include pregnancy within 3 months of death)
None

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 _____

23. Signature Paul Brown (M. D. or other) _____

Address Paul Brown Date signed July 3 48

Duration
2 days
2 weeks
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

47
39
306

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 J. Wm Benbly
Licensed Embalmer No. 3653
P. O. Address St Louis, Mo

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.