No. 300
I—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 28 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24703

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5571

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: St Johns Hosp. (1)
(If not in hospital or institution, write street number or location)

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

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. 2911 A Eads
(If rural, give location)

(e) Citizen of foreign country? 17 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Gary Seibold

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male (1)

5. Color or race Wh.

6. (a) Single, ~~widowed, married, divorced~~ Sing.

6. (b) Name of husband or wife

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

7. Birth date of deceased Apr (Month) 18 (Day) 1947 (Year)

8. AGE: Years 1 Months 2 Days 0 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo (1) (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Ardell Seibold
13. Birthplace Modoc (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Evelyn Blow
15. Birthplace (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Ardell Seibold
(b) Address 2911 a Eads

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director E J Schnur
(b) Address 3125 Lafayette

19. (a) Aug 21 1948 (Date received local registrar) (b) J. F. Bradack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1948 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 16, 1948, to June 18, 1948, that I last saw him alive on June 18, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure + cardiac "

Due to Unknown Cause.

Due to Hemorrhagic Diathesis-Generalized

Other conditions (Include pregnancy within 3 months of death) 260 a

Major findings:
Of operations Gross negative
Of autopsy microscopic being studied

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Peter G. Danis (M. D. or other)
Address 6 3 4 N. Grand Date signed 6-19

(Licensed Embalmer's Statement on Reverse Side) PETER G DANIS

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 Jos B Wollemer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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.