

XC 3021093  
Reg. 61993  
FILED JUL 27 1951THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25785

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2660

1. PLACE OF DEATH a. COUNTY ST. LOUIS COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF. BRKS. MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PERRY 8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM. HOSP.		d. STREET ADDRESS (If rural, give location) 8	
3. NAME OF DECEASED (Type or Print) a. (First) JAMES		b. (Middle) C.	
c. (Last) SIBERT		4. DATE OF DEATH (Month) (Day) (Year) 7/15/51	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11/15/91
9. AGE (In years last birthday) 59 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver	11. BIRTHPLACE (State or foreign country) Morland, Kansas
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Sibert		13b. MOTHER'S MAIDEN NAME Ann Biddle	
14. NAME OF HUSBAND OR WIFE Minnie Sibert		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	
16. SOCIAL SECURITY NO. 333-09-7995		17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL RECORDS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MALIGNANT LYMPHOMA, TYPE UNDETERMINED  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2002	
INTERVAL BETWEEN ONSET AND DEATH 8 yrs.		19a. DATE OF OPERATION 4/23/51	
19b. MAJOR FINDINGS OF OPERATION Malignant Lymphoma - Node Biopsy		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) V.A.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/19, 1951, to 7/15, 1951, and that death occurred at 8:00 a. m., from the causes and on the date stated above.			
23a. SIGNATURE Philip H. Hoppe M.D.		23b. ADDRESS V. A. HOSP. JEFF. BRKS. MO.	
23c. DATE SIGNED 7/15/51		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 7-16-51		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State) Perry, Ill.		DATE REC'D BY LOCAL REG. 7-16-51	
REGISTRAR'S SIGNATURE Herbert P. Gombke		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	

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 Me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed <sup>1</sup> Edward P. Remelino

Licensed Embalmer No. 4283

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.