No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32081

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3068 Registrar's No. 3173

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maplewood, MO.
c. LENGTH OF STAY (In this place): 4 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Reese Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: ~~St. Louis~~
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo.
d. STREET ADDRESS (If rural, give location): 4120 Rush Place.

2109
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3. NAME OF DECEASED (Type or Print)
a. (First): HELENA
b. (Middle):
c. (Last): SEIBOLD

4. DATE OF DEATH (Month) (Day) (Year): Sept. 16, 1951

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Oct. 11, 1865

9. AGE (In years last birthday): 85 — If under 1 year: Months 11, Days 5 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rtd. Housewife

10b. KIND OF BUSINESS OR INDUSTRY: x x x x x x x

11. BIRTHPLACE (State or foreign country): Germany 4

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Carl Brandenburg

13b. MOTHER'S MAIDEN NAME: Louise

14. NAME OF HUSBAND OR WIFE: Conrad Seibold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): X X X X X X X X X X X X
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: ALBERT BRANDENBURG 7417 Lyndover

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) —

DUE TO (c) — 4222

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* General arteriosclerosis

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —

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): — m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* Sept 11, 1951, *to* Sept 16, 1951, *that I last saw the deceased alive on* Sept 16, 1951, *and that death occurred at* 2:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vincent F Townsend MD

23b. ADDRESS: 03101 a Sutton Ave Maplewood 17 Mo.

23c. DATE SIGNED: 9-17-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1

24b. DATE: 9-19-51

24c. NAME OF CEMETERY OR CREMATORY: New Bethelem Ceme.

24d. LOCATION (City, town, or county) (State): St. Louis, CO. MO.

DATE REC'D BY LOCAL REG.: 9-18-51

REGISTRAR'S SIGNATURE: Herbert P Domke MD

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Jay B. Smith Funeral Home ~~7156 Manchester Maplewood, 17, MO.~~

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

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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed James Williamson

Licensed Embalmer No. 3565

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.