

No. 300
10-48

FILED JUL 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24909**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1538**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Afton	c. LENGTH OF STAY (In this place) 5 Months	c. CITY OR TOWN Overland	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Miller Nursing Home		STREET ADDRESS (If rural, give location) 9639 Holtwood	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) H. c. (Last) Seibert	4. DATE OF DEATH (Month) (Day) (Year) July 5 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 18 1887	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Clayton Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Seibert	13b. MOTHER'S MAIDEN NAME Elizabeth Fink	14. NAME OF HUSBAND OR WIFE The late Frieda Stief Seibert
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 491-26-2177	17. INFORMANT'S SIGNATURE OR NAME Albert W. Seibert	ADDRESS 8654 Burton
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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		INTERVAL BETWEEN ONSET AND DEATH 4 Mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis		
	ANTECEDENT CAUSES DUE TO (b) Chronic Nephritis and DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.		1 yr.	

19a. DATE OF OPERATION no	19b. MAJOR FINDINGS OF OPERATION 592X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Mar. 10, 1955**, to **July 5, 1955**, that I last saw the deceased alive on **June 30, 1955**, and that death occurred at **5:40^{AM}** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. A. Walters M.D.	23b. ADDRESS 3608 S. Grand Blvd.,	23c. DATE SIGNED 7/6/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 7 1955	24c. NAME OF CEMETERY OR CREMATORY Mount Lebanon Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.
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DATE REC'D BY LOCAL REG. 7/6/55	REGISTRAR'S SIGNATURE Herbert R. Donker, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Hollier Mortuary	ADDRESS 10123 St. Chas. Rd.
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed..... *Sheldon Collier*

Licensed Embalmer No. *338*

P. O. Address *10/2387.0*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.