

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 20 1956

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State File No. 22121

Registrar's No. 5501

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 22121	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri		c. LENGTH OF STAY (in this place) Years _____		c. CITY OR TOWN St. Louis,		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 2936 Greer Avenue,				e. STREET ADDRESS (If rural, give location) 2936 Greer Avenue 2109 10 0			
3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) G. c. (Last) Seibelts			4. DATE OF DEATH (Month) (Day) (Year) June 8, 1956.				
5. SEX <input type="checkbox"/> Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 15, 1880		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Cabinet-Maker		11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/> St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Seibelts		13b. MOTHER'S MAIDEN NAME Amelia -		14. NAME OF HUSBAND OR WIFE Mrs Lillian Seibelts			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Lillian Seibelts, 2936 Greer Avenue,			
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 <i>Carcinoma of Stomach & Metastatic to Liver & Lung</i> 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.				INTERVAL BETWEEN ONSET AND DEATH 3 mos.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 151X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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 7/9, 1951, to 6/8, 1956, that I last saw the deceased alive on 6/5, 1956, and that death occurred at 8:30A. m., from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <i>Charles Math</i>				23b. ADDRESS 4020 N. Florissant		23c. DATE SIGNED 6/8/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-11-1956.	24c. NAME OF CEMETERY OR CREMATORY St. Anns Cemetery		24d. LOCATION (City, town, or county) (State) Normandy, Missouri.		
DATE REC'D BY LOCAL REG. JUN 8 1956		REGISTRAR'S SIGNATURE <i>J. Earl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math, Hermann & Son Inc., 2161 E. Fair Ave.			

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 *Welford G Burnley*.....
Licensed Embalmer No. *420*.....
P. O. Address *St. Louis*.....

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.