

Health, Welfare, Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUL 16 1957

STANDARD CERTIFICATE OF DEATH

26560 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's 6024

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes # No <input type="checkbox"/>		c. CITY OR TOWN Ferguson		4119 Inside Limits Yes # No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital			Length of stay in 1b 4 days		d. STREET ADDRESS (If outside, give location) 27 416 Hern		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last OSCAR J. SIEBER				4. DATE OF DEATH Month Day Year June 26, 1957			
5. SEX Male	16. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 23, 1894		9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY St. L. Vin. Co.		11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Joseph W. Sieber				14. MOTHER'S MAIDEN NAME Lena Schnell			
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. 488-07-2380		17. INFORMANT Address Edna M. Sieber, 416 Hern			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary Infarct</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Hyper-tensive Heart Disease</i> DUE TO (c) <i>Cardiac De-compensation</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>6-10-57</i> to <i>6-26-57</i> and last saw him <i>him</i> alive on <i>6-26-57</i> Death occurred at <i>6-26-1957</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Dolon P. Harris MD</i>				22b. ADDRESS <i>6826 Natural Bridge</i>		22c. DATE SIGNED <i>6-29-57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>6-29-57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Laurel Hill Gardens</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Missouri</i>		
24. FUNERAL DIRECTOR ADDRESS <i>WHITE CHAPEL, FERGUSON, MISSOURI</i>			25. DATE RECD. BY LOCAL REG. <i>JUN 28 '57</i>		26. REGISTRAR'S SIGNATURE <i>Earl Smith MD</i>		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Eleanore Poince*

Licensed Embalmer No. 34

P. O. Address Jennings,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.