

FILED AUG 12 1944

Registration District No. _____

Primary Registration District No. 6076

Registrar's No. 1674

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Manchester Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68
(c) City or town California
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Conrad C. Siebert

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Wilhelmina Siebert 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 16 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 11 18 hr. min.

9. Birthplace Seneca Falls N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name John Siebert
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Anna Hiller
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Laura Siebert
(b) Address Russellville, Mo.
17. (a) Burial (b) Date thereof 8-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation California, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) AUG 9 - 1944 (b) E. S. McHarran, Mo.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4
year 1944 hour 3:15 minute P. M.

21. I hereby certify that I attended the deceased from
May 27 1944 to August 4 1944
that I last saw him alive on Aug 3 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration _____

Due to generalized arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) g3d

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A. J. Mollin (M. D. or nurse) 0
Address 3507 Polovae Date signed 8-7-44

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

MOTHER FATHER

AUG 23 1944

AUG 23 1944

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed W. W. Wilkinson
Licensed Embalmer No. 3575
P. O. Address.....

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.