MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
3344

1. PLACE OF DEATH

County..... Registration District No. 791 File No. F 971

Township..... Primary Registration District No. 19003 Registered No. 8

City St Louis (No. Alexian Bros Hospital St. ..... Ward)

2. FULL NAME John Seiler

(a) Residence. No. 3218 S Grand Bl St. 16 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Phillipine Seiler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 20 - 1847

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	80	8	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Meat Inspector
(b) General nature of industry, business, or establishment in which employed (or employer) 186A 194B
(c) Name of employer U S Govt 131

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Switzerland

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

14. INFORMANT Isabell Seiler
(Address) 3218 - S Grand Bl

15. FILED ....., 19..... Max C Starkoff
REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 24 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan. 17 1928, to Jan. 24, 1928 that I last saw ~~living~~ alive on Jan 24, 1928, and that death occurred, on the date stated above, at 1.30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Intracapsular Fracture of Femur, sustained in a generalized fall per Pleas of his Home Mon. Intoxication Nephritis 13 ds.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Accident
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 3218 S. Grand Bl

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X Ray

(Signed) Arthur Beerman, M. D.

1-25, 1928 (Address) 2924 S. Grand Bl

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Matthew — DATE OF BURIAL Jan 27 1928

20. UNDERTAKER Wacker-Heldorle — ADDRESS 2331-5 Bdway

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.