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.

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

Do not use this space.

35247

1. PLACE OF DEATH

County..... Registration District No. 791 File No.....

Township..... Primary Registration District No. 1003 Registered No. 10233

City St Louis (No. 5077 Washington Blvd St. ..... Ward)

2. FULL NAME Julia Seessel Fuld

(a) Residence. No. 5077 Washington Bl. St., 14 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)
Female	White	Widowed

5A. If Married, Widowed, or Divorced HUSBAND OF (OR) WIFE OF Morris Fuld

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 25 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	1	23	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Milligan's Bend
(STATE OR COUNTRY) Louisiana

PARENTS

10. NAME OF FATHER Henry Seessel

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Jeannette Rose

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Germany

14. INFORMANT Fred S Fuld
(Address) 5603 Waterman Ave

15. Filed Oct 18 1923, 19.... Max C Starkoff Registrar

4

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 18 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1928, to Oct 18, 1928 that I last saw her alive on Oct 18, 1928, and that death occurred, on the date stated above, at 10.25 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
Chronic Interstitial Nephritis
131
938
97 (duration) yrs. mos. ds.

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

18. Where was disease contracted if not at place of death? 1290

8 Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) L. H. Kempner, M. D.

10/18 1928 (Address) 6 Metropolitan Bldg

*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	DATE OF BURIAL
Memphis Tennessee	October 19 1928
20. UNDERTAKER	**ADDRESS**
Human Kindshaft	5216 Delmar Bl.