

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

Do not use this space.

12221

29

**1. PLACE OF DEATH**

County.....St. Louis..... Registration District No. ....1160  
 Township.....Central..... Primary Registration District No. ....4470  
 City.....University City, Mo...... No. 7040 Melrose St. .... Ward)

File No. ....  
 Registered No. ....  
 St. .... Ward)

**2. FULL NAME**

Bernadina Seidler  
 (a) Residence. No. ....7040 Melrose St. .... Ward.  
 (Usual place of abode)

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 29, 1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
— 1 16

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Child  
 (b) General nature of industry, business, or establishment in which employed (or employer) 0  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) University City, Mo.  
 (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Hy Seidler

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

12. MAIDEN NAME OF MOTHER Ester Bausch

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

14. INFORMANT Hy Seidler  
 (Address) 7040 Melrose St. City, Mo.

15. FILED March 17, 1929 Levi J. Kennel MO. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 16, 1929

17. I HEREBY CERTIFY, That I attended deceased from March 14, 1929 to March 16, 1929  
 that I last saw her alive on March 15, 1929, and that death occurred, on the date stated above, at 8 A. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Inanition 119 B  
Intera Colitis

CONTRIBUTORY (SECONDARY)

119 B  
 (duration) yrs. mos. ds. 7 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, ✓

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Luke B. Trierson, M. D.

3/16, 1929 (Address) 3718 Jennings Rd.

\*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

Zions Cemetery Mar. 18, 1929.

20. UNDERTAKER ADDRESS

Baumann Bros Overland, Mo.

X. 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.

1229

1  
2

