

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

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis

Registration District No. 701  
Primary Registration District No. 1003  
(No. 6048, Shulte Ave)

File No. 16733  
Registered No. 4852  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Freida Anna Seidel  
(a) Residence. No. 6048 Shulte St. 9 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Arno Seidel</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept. 17 1896</u>		
7. AGE <u>32</u>	YEARS <u>7</u>	MONTHS <u>9</u>
		8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Home</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

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

10. NAME OF FATHER J. H. Rocklage

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

12. MAIDEN NAME OF MOTHER Emma Blackamp

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

14. INFORMANT Mr. Arno Seidel  
(Address) 6048 Shulte Ave

15. FILED APR 23 1929  
W. C. Starkoff  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 26 1929

17. I HEREBY CERTIFY, That I attended deceased from April 21 1929 to April 26 1929  
that I last saw her alive on April 26 1929, and that death occurred, on the date stated above, at 11 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
108 lobar Pneumonia  
1010W (duration) yrs. mos. 6 ds.  
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. 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?  
(Signed) Richard R. Mearns, M. D.  
4/28, 1929 (Address) 5330 Geraldine

\*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. Peter's Cemetery DATE OF BURIAL Apr. 29, 1929

20. UNDERTAKER Dubmann Harold ADDRESS 1905 Union

WHITE 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.

5330 Elevation

8-9

1-2

Sum 8-10