NOV 21 1930

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

Do not use this space.

32158

1. PLACE OF DEATH

County Buchanan. Registration District No. 85 File No.

Township Primary Registration District No. 1001 Registered No. 1138

City St. Joseph (No. 627 South 18 Street St. Ward)

2. FULL NAME John Charles Seufert

(a) Residence. No. 627 So.18 Street St., 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	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 28,1926

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	4	8	18	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Joseph
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Herman J.Seufert

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

12. MAIDEN NAME OF MOTHER Rosina Klotzbach

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

14. INFORMANT Herman J.Seufert
(Address) 627 So.18 St. St Joseph Mo.

15. FILED 1 7 1930, 19 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 16 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1930, to Oct 16, 1930, that I last saw him alive on Oct 16, 1930, and that death occurred, on the date stated above, at 2/30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia
107A
1118

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Pulmonary oedema

(duration) yrs. mos. 1 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? Numerous rales

(Signed) Thomas Redmond, M. D.

Oct.17. 1930 (Address) 302 P.S. 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
Mt. Olivet Cemetery	Oct.18 1930
20. UNDERTAKER	ADDRESS
H.O. Sidenfaden	1802 Union.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.