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.

APR 31 1933

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

Do not use this space.

85

8588

File No.

Registered No. 309

1. PLACE OF DEATH

11 County Buchanan — Registration District No.

5 Township — Primary Registration District No. 1001

City St Joseph (No. 515 Ohio, street St. Ward)

9 2. FULL NAME John Joseph Sedler

(a) Residence, No. 515 Ohio 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 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 15, 1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	84	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cassing Dept. Swift

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Packing Co.

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation

3 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Austria

FATHER

13. NAME Matt Sedler

3 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Austria

MOTHER

15. MAIDEN NAME Mary Kump

3 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Austria

17. INFORMANT (ADDRESS) Mrs Mary A Sedler 515 Ohio St St Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt Olivet Cemetery

PLACE St Joseph Mo. DATE March 2[illegible], 1933

19. UNDERTAKER (ADDRESS) H O Sidenfaden 1802 Union st St Joseph Mo.

20. FILED 3-20, 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 18, 1933 to Mar 18, 1933

I last saw him alive on Mar 18, 1933 Death is said to have occurred on the date stated above, at 12:20 P. M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset 3/18/33

Other contributory causes of importance:

Hypertension

Arterio-Sclerosis

Name of operation — Date of —

What test confirmed diagnosis? Phy. X Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M. H. Talty, M. D.

(Address) 411 Corby Bldg. St Joseph Mo.