

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

Do not use this space.

1. PLACE OF DEATH

County.....Buchanan..... Registration District No. 85
 Township.....St. Joseph..... Primary Registration District No. 1001
 City.....St. Joseph..... (No. 2528 Felix St.)..... St. Ward

15831
585

File No.
Registered No.

2. FULL NAME

Erwin Carle Seidel

(a) Residence, No. 2528 Felix St. St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17, 1907

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	26	7	29	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>None.</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>At Home.</u>
	10. Data deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Joseph, Mo.
 (STATE OR COUNTRY)

FATHER 13. NAME William C. Seidel

14. BIRTHPLACE (CITY OR TOWN) Graham, Mo.
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Paarl Berry

16. BIRTHPLACE (CITY OR TOWN) St. Joseph, Mo.
 (STATE OR COUNTRY)

17. INFORMANT William D. Seidel
 (ADDRESS) 2528 Felix St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE May 18, 1934

19. UNDERTAKER Walter Meinholler
 (ADDRESS) 1302 Paragon St. St. Joseph, Mo.

20. FILED MAY 18 1934 John R. Bender
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1934 '19

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934, to May 14, 1934

I last saw him alive on May 14, 1934 Death is said to have occurred on the date stated above, at 11:30 A.M.

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

Date of onset

Cerebral Embolism 9/11/34

Paralysis - 6/3/34

Convulsions

Other contributory causes of importance:
Septic Endocarditis

Name of operation Autopsy Date of May 18, 1934
 What test confirmed diagnosis? None 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) W. F. Schmid M. D.
 (Address) 722 1/2 Francis St. St. Joseph, Mo.

JUN 20 1934

#2 Buchanan

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS 15831

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

585-

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Edwin Carl Seidel

Who died at _____ on May 16 - 1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 26 Months 7 Days 29

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Principle Cause of death
Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) Cerebral Embolism

Birthplace of mother (State or country) Paralysis - Convulsions

Principal cause of death: Epileptic - Idiote

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar John R. Benda

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 85-

Primary Reg. Dist. No. 1001

E. T. McGaugh
Special Agent.

5-15831

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