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.

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

OCT 11 1934

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 34662

Township ..... Primary Registration District No. 1003 Registered No. 9522

City St Louis (No. City Hosp #1 St. ..... Ward)

2. FULL NAME 10806 Baby Seidel #2

(a) Residence, No. 824 Grape St. 8 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: 2
4. COLOR OR RACE: W
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. 26-34

7. AGE: YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, 7 hrs. or 0 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo.

FATHER
13. NAME: Jim R. Seidel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

MOTHER
15. MAIDEN NAME: Jennie Baker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brookfield Mo

17. INFORMANT (ADDRESS): Hosp Inf M Lint City Hosp #1

18. BURIAL, CREMATION, OR REMOVAL: Valhalla PLACE St Matthews Ave DATE 9.27 1934

19. UNDERTAKER (ADDRESS): Mullen Ind Co 5165 Delmar Blvd

20. FILED SEP 27 1934 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/26, 1934 to 9/26, 1934

I last saw her alive on 9/26 1934 Death is said to have occurred on the date stated above, at 5:15 p.m.

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

	Date of onset
Atalectasis, Congenital	
161A	

Other contributory causes of importance:

161A

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? .....

If so, specify .....

(Signed) L Ent, M. D.

(Address) .....