

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.

JUN 6 1936

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

Do not use this space.

40006-5
196

1. PLACE OF DEATH
 5th County Jackson Registration District No. 420
 2. Township Waller Primary Registration District No. 3022
 City Wesoto (No. _____) St. _____ Ward _____
 2. FULL NAME Augusta Seemel
 (a) Residence, No. 4019 N. 7th St., _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Seemel
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28 - 1864
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 2 17
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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, Missouri
 FATHER 13. NAME Herman Faust
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Bertha Krich
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (ADDRESS) Henry Seemel, 4019 N. 7th, Wesoto, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bethlehem Lutheran Ch. Wesoto, Mo. DATE Dec. 18, 1935
 19. UNDERTAKER (ADDRESS) Winnell B. Dietrich, 201 1/2 N. 7th, Wesoto, Mo.
 20. FILED 12-15 1935 F. H. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15, 1936
 22. I HEREBY CERTIFY, That I attended deceased from Dec 5 - 1936, to Dec 15 - 1936.
 I last saw her alive on Dec - 15 - 1936. Death is said to have occurred on the date stated above, at 12:45 m.
 The principal cause of death and related causes of importance were as follows:
Obstetrical Pneumonia Date of onset 12-5-36
 Other contributory causes of importance:
arterial sclerosis - not known
 Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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) Walter C. Gibson, M. D.
 (Address) 211 E. 10th, 240

