

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. WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

FEB 11 1936

3034

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1095**
 City **St. Louis No. 236032 North 35th**

File No.....
 Registered No. **264**
 St. Ward)

2. FULL NAME

(a) Residence, No. **236032 North 35th** St. **20** 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 *Male* **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 *Elizabeth Seidel (Wilderbrand)*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 15, 1890*
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
45 10 22

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Auto Mechanic*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Proprietor*
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.*

MOTHER **13. NAME** *William J. Seidel*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Elizabeth Huppel*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT *Mrs. Elizabeth Seidel*
 (ADDRESS) *36032 North 35th Street*

18. BURIAL, CREMATION, OR REMOVAL
 PLACE *Funerary* DATE *Jan. 10, 1936*

19. UNDERTAKER *Mrs. Hermany M. Soy*
 (ADDRESS) *461 East Fair St.*

20. FILED IN *8 1936* 19 *35*
 JHIT *J. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 6, 1936*

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at *9:30 P.m.*

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

*Arterio-sclerosis: chronic
 Myocarditis: chronic
 Interstitial nephritis*

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? *Yes*

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) *Gerald H. Huppel* M. D.
 (Address) *131*

