

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

Do not use this space.

SEP 29 1936

33263

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
 Township Caymiller Primary Registration District No. 6248 E.
 City St. Louis Mo. (No. 337) Horn Ave. St. _____ Ward)

File No. _____
 Registered No. 321

2. FULL NAME

Oscar J. Seidler
 (a) Residence, No. 337 Horn Ave. St. _____ Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Julia M. Seidler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 19 1869</u>		
7. AGE YEARS <u>66</u>	MONTHS <u>11</u>	DAYS <u>21</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Corresponding</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Clerk Retired</u>	
	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) <u>Kansas City Mo.</u>		
FATHER	13. NAME <u>Gottlieb Seidler</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Jannette Welker</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Julian Seidler, 337 Horn Ave. St. L. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Marcus</u> DATE <u>8-12 1936</u>		
19. UNDERTAKER (ADDRESS) <u>With Bros. & Co. 2929 S. Jefferson Ave.</u>		
20. FILED <u>Aug. 11 1936</u> <u>J. H. Mowrey</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 10 1936

22. I HEREBY CERTIFY, That I attended deceased from July 8 1936 to Aug. 10 1936
 Last saw him alive on Aug. 9 1936 at 2:50 p.m. Death is said to have occurred on the date stated above, at 12:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset _____
7201 -
 Other contributory causes of importance:
Hypertension
arteriosclerosis

Name of operation _____ 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? _____
 If so, specify _____
 (Signed) Otto C. Hansen M. D.
 (Address) 3157a Park Ave.

