

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.

OCT 5 1936

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

Do not use this space.

35825

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. **791**
Primary Registration District No. **1003**
(No. 5977 Page Avenue

File No.....
Registered No. **9446**
St. Ward)

2. FULL NAME Charles W. Seidel

(a) Residence, No. 5977 Page Avenue St. 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or wife of) <u>Anna Seidel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 27, 1853</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>1</u>
		DAYS <u>16</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>Farmer (retired)</u>
	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) Grafton,
(STATE OR COUNTRY) Illinois

13. NAME John Seidel

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

15. MAIDEN NAME Emma Lubbert

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

17. INFORMANT Mr. John W. Seidel
(ADDRESS) 5977 Page Ave

18. BURIAL OR CREMATION OR RECEPTION
PLACE Maryland Heights DATE Sept 15, 1936

19. UNDERTAKER Geo. P. Pletch, Inc.
(ADDRESS) 5966 Grafton
SEP 14 1936

20. FILED J. Bredeck
19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1936, to Sept. 12, 1936
I last saw him alive on Sept. 12, 1936 Death is said to have occurred on the date stated above, at 7:45 a.m.

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

Myocarditis - acute following Chronic Myocarditis Arteriosclerosis
Sept. 3/36
Other contributory causes of importance: None
Date of onset

Name of operation None Date of
What test confirmed diagnosis? Urinal 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) Chas. J. Pol, M. D.
(Address) 1506 Piedmont
St. Louis, Mo

