JAN 18 1937

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

Do not use this space.

43858

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph (No. 1407 North 10th. St. Ward)

File No.

Registered No. 1553

2. FULL NAME Jacob Christian Seippel

(a) Residence, No. 1407 North 10th. St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 78 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna Seippel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 1, 1854.

7. AGE: YEARS 82 — MONTHS 1 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Stage-Hand Baker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Dubinsky-Tootle Co. Theatre.

10. Date deceased last worked at this occupation (month and year): 1924.

11. Total time (years) spent in this occupation: 12 Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Detriot Michigan

FATHER

13. NAME: Jacob Seippel

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

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Mrs. E. M. Hepburn 1407 North 10th. St. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Mt. Olivet Cemetery

PLACE St. Joseph, Mo. DATE Dec. 22, 1936

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden 1802 Union Str. St. Joseph, Mo.

20. FILED Dec. 21, 1936 H. J. Nestlebush By J.C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1936, to Dec. 19, 1936

I last saw him alive on Dec. 17, 1936. Death is said to have occurred on the date stated above, at 1:15 P.m.

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

	Date of onset
Cardio-Vascular Renal Disease	1934
Chronic Bronchitis (Acute exacerbation)	1930 2/1 Nov. 1936

Other contributory causes of importance: none

Name of operation none Date of —

What test confirmed diagnosis? Clinical 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) Gordon D. Wright, M.D., M. D.

(Address) 845 So. 19 St. St. Jos. Mo.

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.