

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.

FEB 23 1937

1. PLACE OF DEATH

County *St. Louis*Township *Normandy*City *Wallerston*Registration District No. *489*Primary Registration District No. *6033*(No. *6701*)*Lot 1 Gro. 2*

2992

File No.

Registered No. *34*St. *St. Louis* County *Mo* Ward)

2. FULL NAME

(a) Residence, No. *1705 General*

(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.

(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)

Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan. 29, 1937

7. AGE

YEARS

0

MONTHS

0

DAYS

0

IF LESS than 1 day,hrs. ormin.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....

none

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)

Wallerston, Mo

MOTHER FATHER

13. NAME

Arnold Seiler

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

Cree Cover Mo

15. MAIDEN NAME

Lillian Clarkson

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

Chesterfield Mo.

17. INFORMANT (ADDRESS)

*Arnold Seiler
1705 Gen. Court.*

18. BURIAL, CREMATION, OR REMOVAL

PLAC *Wallerston, Mo*DATE *1-30-37*

19. UNDERTAKER (ADDRESS)

*Delader Funeral Home
Callwin, Mo.*

20. FILED

*1-29-1937**Wallerston, Mo*

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

1-29, 1937

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..... m.

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

St. Louis

Date of onset

Other contributory causes of importance:

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).....

(Address).....

*W. J. Seiler M.D.
6701 Lot 1*

