

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS**

Do not use this space.

CERTIFICATE OF DEATH  
**FEB 8 1937 791**

**1. PLACE OF DEATH**

County.....

Registration District No.....

**1008**

File No. **3751**

Township.....

Primary Registration District No.....

Registered No. **787**

City **ST. LOUIS, Mo.**

(No. **MISSOURI - BAPTIST HOSPITAL**)

St. .... Ward .....

**2. FULL NAME MAYNARD SEIFERT**

(a) Residence, No..... St., **NR** Ward, **FESTUS, MISSOURI**  
(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 **MARRIED** (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **SEPT 16 1874**

7. AGE YEARS **62** MONTHS **4** DAYS **2** If LESS than 1 day, ....hrs. or ....min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **FARMER**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Own Farm**  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) **ST LOUIS** (STATE OR COUNTRY) **Mo.**

MOTHER 13. NAME **JOHN SEIFERT**

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

15. MAIDEN NAME **UNKNOWN**

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

17. INFORMANT **ROSIE SEIFERT** (ADDRESS) **FESTUS, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **DANDY Mo.** DATE **JAN 17 1937**

19. UNDERTAKER **Albert H. Hoppe Inc** (ADDRESS) **429 N. Euclid Ave**

20. FILED **1-18 1937** **J. A. Brebeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 18 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 15 1936** to **Jan 18 1937**

I last saw him alive on **Jan 17 1937** Death is said to have occurred on the date stated above, at **7:30 a.m.**

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

**Arteriosclerosis of coronaries & aorta**  
**97**  
Other contributory causes of importance:  
**Myocardial degeneration & edema**  
**Results of heart condition**

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) **D**

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) **O. J. Campbell** M. D.  
(Address) **3746 Grand St**

5146 November 1971