OCT 14 1937

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

791
1003

32917

Do not use this space.

Registered No. 8971

1. PLACE OF DEATH

(a) County..................... Registration District No.....................

(b) Township..................... Primary Registration District No.....................

(c) City.. St. Louis (d) Street No. 5611 Cates Ave. ....St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. (f) How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. PRINT FULL NAME Martin C. Seydel

(a) Residence, No. 5611 Cates Ave. ....St. 5
(Usual place of abode, if no street address, write county or city)   (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15, 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
79	73	10	8	

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

9. Industry or business in which work was done, as saw mill, bank, etc. Switzer Co.

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

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Chicago
(STATE OR COUNTRY) Illinois

FATHER

13. NAME Rev. Gustav Seydel

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

MOTHER

15. MAIDEN NAME Dont Know

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

17. INFORMANT Mrs. Paula E. Seydel
(ADDRESS) 5611 Cates Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cem. DATE Sept.25,1937

19. FUNERAL DIRECTOR Cullinane Bros.
(ADDRESS) 1710 N. Grand Blvd.

20. FILED SEP 25 1937 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept.23,1937 19

22. I HEREBY CERTIFY, That I attended deceased from
Apr. 4" 19 36 to Sept 23" 19 37
I last saw h.... alive on Sept 23 1937 Death is said
to have occurred on the date stated above, at 2 p. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Laboratory 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) F. Reder , M.D.
(Address) 607 N. Grand Ave.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, _Fred Frick_ , Licensed Embalmer No. 3186

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _myself_

L. E.

No. _____ or by _____ , Registered Apprentice No. _____

working under my personal supervision.

Signed _Fred Frick_

Licensed Embalmer No. 3186

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING.** (Failure to comply wi
the above constitutes grounds for revocation of license.)