

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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**

36465
Do not use this space.

NOV 15 1937

791

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **Christian Hospital** Registered No. **10042**
 (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.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

Johanna Seitz,
 (a) Residence, No. **2166 Linton Avenue** St. **9**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Martin Seitz**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 17, 1864**
 7. AGE YEARS **73** MONTHS **4** DAYS **10** If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **House Wife**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 27, 1937**
 22. I HEREBY CERTIFY, That I attended deceased from **Oct. 23**, 19... to **Oct. 27, 37**, 1937
 I last saw her alive on **Oct. 27**, 19... Death is said to have occurred on the date stated above, at **5:00** m. A. M.
 The principal cause of death and related causes of importance were as follows:

Principally arteriosclerosis
Chronic Myocarditis
 Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Cincinnati Ohio**

Other contributory causes of importance:
Chronic Myocarditis

FATHER 13. NAME **Oswald Fluhr**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

MOTHER 15. MAIDEN NAME **Margaretta Roland**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

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.

17. INFORMANT (ADDRESS) **Martin Seitz 2166 Linton Ave**

Manner of injury.....
 Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Crematory Oct. 30, 1937**

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) *J. Herman Ross-Brewster* M. D.
 (Address) *1918 East Grand*

19. FUNERAL DIRECTOR (ADDRESS) **Math. Hermann & Son 2161 East Fair Avenue**

20. FILED **OCT 29 1937** *J. Bredeck*
 Local Registrar.

STATEMENT BY LICENSED EMBALMER

I, William G. Buchholz, Licensed Embalmer No. 2116

hereby certify that the body recorded on the reverse side of this certificate was embalmed by William G.

Buchholz, L. E.

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

working under my personal supervision.

Signed William G. Buchholz

Licensed Embalmer No. 2116

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