

REC'D MAY 10 1938

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

12893

Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **3343 Indiana Ave.** Registered No. **3497**
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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

Joseph Seip 100
(a) Residence, No. **3343 Indiana Ave.** St. **24** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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 **Christina Seip**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 14 1875**
7. AGE YEARS **62** MONTHS **9** DAYS **29** If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Brewery Worker**
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

12. BIRTHPLACE (CITY OR TOWN) **Edwardsville** (STATE OR COUNTRY) **Ill.**

13. NAME **Nickolas Seip**
14. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

15. MAIDEN NAME **Not Known**
16. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

17. INFORMANT **Christina Seip** (ADDRESS) **3343 a Indiana Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Lakewood Park** DATE **April 16 38**

19. FUNERAL DIRECTOR **Wm. Schumacher** (ADDRESS) **3013 Meramec St.**

20. FILED **APR 14 1938** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 12 1938**

22. I HEREBY CERTIFY, That I attended deceased from **April 1**, 1938, to **April 11**, 1938
I last saw h. **live** on **April 11**, 1938. Death is said to have occurred on the date stated above, at **11:45 a** m.

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

Chronic glomerulonephritis and myocarditis Date of onset

Other contributory causes of importance:

Chronic interstitial nephritis

Name of operation Date of
What test confirmed diagnosis? **phys. finding** 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?
If so, specify **Free Jones** (Signed) **Free Jones**, M. D.
(Address) **4930 Levee Blvd.**

Henry Morris

STATEMENT BY LICENSED EMBALMER

I, Clarence J. Rochow, Licensed Embalmer No. 3093

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

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed

Clarence J. Rochow

Licensed Embalmer No. 3093

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.)