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.

DEC'D DEC 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

37374
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 9701
(c) City St. Louis (d) Street No. Jewish Hosp 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 3140 Max Seidel
(a) Residence, No. 3184a Ivanhoe St. 3
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Pauline Seidel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 27 1854
7. AGE: YEARS 84 MONTHS 6 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Butcher
9. Industry or business in which work was done, as saw mill, bank, etc.: Retired
10. Date deceased last worked at this occupation (month and year): 1924
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pozen Poland

FATHER
13. NAME: Abraham Seidel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poland

MOTHER
15. MAIDEN NAME: Pauline Bienenstok
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poland

17. INFORMANT (ADDRESS): H. I. Berger 4715 McPherson
18. BURIAL, CREMATION, OR REMOVAL
PLACE New Mt. Sinai DATE 11/10 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): H. B. Berger 4715 McPherson
20. FILED NOV 9 1939 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-8-1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1937 to Nov. 8, 1938
I last saw him alive on 11-8-1938 Death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:
Pulmonary oedema with [illegible] Acute Nephritis caused by chronic nephritis
Date of onset
Other contributory causes of importance:
Arteriosclerosis
Senile (operation for hypertrophy of Prostate)
Name of operation Symphysis Cystostomy Date of Oct 1937
What test confirmed diagnosis? Clinical 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 .....
(Signed) [illegible] Sandpul M. D.
(Address) [illegible]

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

H. L. Berger, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No. 1597

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.