

REC'D FEB 10 1939

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

190

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... / Registration District No. 1003  
(b) Township..... Primary Registration District No. 190  
(c) City St. Louis (d) Street No. St. Anthony's Hospital  
(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

370 Charles A. Seitz Jr.  
(a) Residence, No. 5456a Lissette Ave. St. 2  
(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
7 5 18

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. School Boy  
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.

FATHER  
13. NAME Charles A. Seitz  
14. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Mo.

MOTHER  
15. MAIDEN NAME Florence Baldwin  
16. BIRTHPLACE (CITY OR TOWN) Ironton  
(STATE OR COUNTRY) Mo.

17. INFORMANT Charles A. Seitz  
(ADDRESS) 5456a Lissette Ave.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Oak Grove Cem. DATE 1-7 1939

19. FUNERAL DIRECTOR (NAME) Kriegshausler Mortuary  
(ADDRESS) 4228 So. Kingshighway

20. FILED JAN 5 1939 J. D. Brubaker  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1938, to Jan 4, 1939

I last saw him alive on Jan 4, 1939. Death is said to have occurred on the date stated above, at 7 P.M.

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

Acute Rheumatic fever  
Acute Endocarditis  
Probably caused by strep. sore throat. Non-diphtheritic

Other contributory causes of importance:

Name of operation none Date of.....  
What test confirmed diagnosis? Phys. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No 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) J. D. Brubaker M.D.

(Address) 707 So. Broadway

**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, .....

....., or by .....

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

Signed *Reinhold G. Lohmann*

Licensed Embalmer No. *3395*

P. O. Address .....

**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.)**

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