

26 1939

REC'D JUN 8 1939

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

19862
Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 784
(b) Township Carondelet Primary Registration District No. 202
(c) City Jefferson Barracks (d) Street No. Veteran Hospital Jefferson Barracks Registered No. 959
(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.
Unkn. (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME 32e Peter A. SEITZ

(a) Residence, No. 923 Main St., Highland, Ill. St. (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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mrs. Loretta Seitz (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8, 1889
7. AGE YEARS 50 MONTHS 1 DAYS 18 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Prop. Tavern
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 7

12. BIRTHPLACE (CITY OR TOWN) Highland, Illinois (STATE OR COUNTRY)

FATHER 13. NAME Peter Seitz

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

MOTHER 15. MAIDEN NAME Elizabeth Trammel

16. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)

17. INFORMANT Clinal A. Schallig, Jr., M.D. (ADDRESS) Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Ill DATE May 28 1939

19. FUNERAL DIRECTOR (NAME) Owille Koch (ADDRESS) Highland Ill

20. FILED MAY 26 1939 R. M. ... Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1939, to May 26, 1939
I last saw him alive on May 26, 1939. Death is said to have occurred on the date stated above, at 9:52A m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset 5-26-39

Other contributory causes of importance: Generalized arteriosclerosis with myocardial involvement.

Name of operation None Date of ...
What confirmed diagnosis? myocardial infarct. and lab. 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) C. W. HUGHES, Chief Med. Officer D.
707 (Address) VAF., Jefferson Barracks, Mo.

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.

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.....

Licensed Embalmer No.....

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.