

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

32084
Do not use this space.

1. PLACE OF DEATH: (1937) OCT 2 1939
 (a) County Cape Girardeau Registration District No. 125
 (b) Township 1 Primary Registration District No. 2009 Registered No. 319
 (c) City 1 (d) Street No. 875 Locust 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 Christ Seidmacher
 (a) Residence, No. 875 Locust St. (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 Louise
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22 - 1873
 7. AGE YEARS 66 MONTHS 6 DAYS 21 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. brick mason
 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) (STATE OR COUNTRY) Cape Girardeau Mo.
 FATHER 13. NAME Christ Seidmacher
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Wilhemina Stoepfgen
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT Louise Seidmacher (ADDRESS) Cape Girardeau Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmont Cemetery DATE 9/15 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Quintus Hawell Cape Girardeau Mo.
 20. FILED 9-13-39 J. M. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13 1939
 22. I HEREBY CERTIFY, That I attended deceased from August 15 1939, to Sept 13 1939
 I last saw him alive on Sept 13 1939. Death is said to have occurred on the date stated above, at 6:10 m.
 The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
myocarditis
66 hr
 Date of onset 8-1-36
9-1-36
 Other contributory causes of importance:
Toxic adenoma of the thyroid gland
8-1-38
 Name of operation none Date of.....
 What test confirmed diagnosis? hemian. 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? no
 If so, specify.....
 (Signed) P. A. Ritter, M. D.
 (Address) CAPE GIRARDEAU, 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.