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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 7 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8038

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 388

1. PLACE OF DEATH:

(a) County St. Louis County, Mo.

(b) City or town Belnor
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Belnor
(If outside city or town limits, write "RURAL")

(d) Street No. 3050 Hetherly Drive
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Emil Sieloff 410

3. (b) If veteran, name war

3. (c) Social Security No. 497-01-1993

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rose

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Nov. 22nd 1879 (Month) (Day) (Year)

8. AGE: Years 60 Months 3 Days If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Meat Packer 6

11. Industry or business Butcher 6

FATHER
12. Name Charles Sieloff
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minnie Heinemann
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Rose Sieloff
(b) Address 3050 Hetherly Drive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 26th, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Kraeger-Voss-Fix, Inc.
(b) Address 3402 N. Kingshighway

19. (a) FEB 24 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22 year 1940 hour 11 minute P M.

21. I hereby certify that I attended the deceased from —, 19__, to —, 1940 that I last saw him alive on 2-22-, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
1) Acute Congestive Lent failure	?
2) Chronic Myocarditis	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93C	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. H. Feller M.P. (M.D. or other)
Address 3611 St Louis Ave Date signed 2-22-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-17-39 1 X19311

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 Guy W Wilkinson

Licensed Embalmer No. 3575

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.