DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13289

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 3491

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 4026 Tholozan 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) 10 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 16 (If outside city or town limits, write "RURAL")

(d) Street No. 4026 Tholozan (If rural, give location)

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

3. (a) PRINT FULL NAME Louise Seiler Wilson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased October (Month) 8 (Day) 1871 (Year)

8. AGE: Years 68 Months 6 Days 7 If less than one day hr. min.

9. Birthplace Foster Township, Illinois 1 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER
12. Name August Seiler
13. Birthplace Berlin (City, town, or county) Germany 6 (State or foreign country)

MOTHER
14. Maiden name Isabelle Higgins
15. Birthplace Unknown (City, town, or county) Germany 6 (State or foreign country)

16. (a) Informant's own signature Mrs M. E. Henry
(b) Address 4026 Tholozan, St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 18, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Oakwood Cemetery. Alton, Illinois.

18. (a) Signature of funeral director Robert H. Streeper
(b) Address 2521 Edwards St. Alton Ill.

19. (a) APR 17 1940 (Date received local registrar) (b) J. F. Bridick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1940 hour 6:30 minute P M.

21. I hereby certify that I attended the deceased from Apr 12, 1940, to Apr. 15, 1940 that I last saw her alive on Apr 15, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho-Pneumonia	7 da.
Due to Usual.	
Due to —	
Other conditions Chronic Cardio-Vascular-Renal Disease (Include pregnancy within 3 months of death)	2-3 yrs.

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? 8 11 — (Specify type of place)
While at work? (e) Means of injury

23. Signature Leon C. Haile (M. D. or other)
Address 1504 So. Grand Blvd Date signed 4/17/40

(Licensed Embalmer's Statement on Reverse Side)

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 Robert H. Streeper, Registered Apprentice No. _____ working under my personal supervision.

Signed Robert H. Streeper

Licensed Embalmer No. 2474

P. O. Address Alton, Ill.

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

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