

FILED JUL 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20508**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **5320**

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

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital #1 *0*
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 Days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri.** (b) County _____
 (c) City or town **Saint Louis,** *17*
(If outside city or town limits, write "RURAL")
 (d) Street No. **3816 McRee Ave.** *0*
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Phillip Seiling**
 3. (b) If veteran, name war _____
 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **27,**
 year **1941** hour **2:10** minute _____ A. M.

4. Sex **Male** *0*
 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married.**
 6. (b) Name of husband or wife **Emma Seiling**
 6. (c) Age of husband or wife if alive **74** years
 7. Birth date of deceased **October 7th, 1856.**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 25,** 19 **41** to **June 27,** 19 **41**
 that I last saw him **alive on** **June 27,** 19 **41**
 and that death occurred on the date and hour stated above.

8. AGE: Years **84** Months **8** Days **20**
 If less than one day _____ hr. _____ min.

Immediate cause of death **Cerebral Thrombosis, B.**
 Due to **Arteriosclerosis**
 Due to _____

9. Birthplace **Unknown** **Germany** **4**
(City, town, or county) (State or foreign country)

Other conditions **None**
(Include pregnancy within 3 months of death)
 Major findings: Of operations **None**
 Of autopsy **None**

10. Usual occupation **Butcher**

11. Industry or business
12. Name **? Seiling**
13. Birthplace **Unknown** **Germany** **4**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** **Germany** **4**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Philip Seiling**
(b) Address **3816 McRee Ave.**

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? _____

17. (a) Cremation **(b) Date thereof** **June 28, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Missouri Crematory**

While at work? _____
(Specify type of place) (e) Means of injury

18. (a) Signature of funeral director **Ziegenhain Bros.**
(b) Address **2623 Cherokee Street**

23. Signature **L. V. Mcelligan** **(M. D. or P. M.)**
Address **1515 Lafayette Ave.** **6/27/41**
Date signed

19. (a) JUN 27 1941 **(b) [Signature]**
(Date received local registrar) (Registrar's signature)

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

V. E. Morris

Licensed Embalmer No. *3360*

P. O. Address *2623 Cherokee*

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, fact should be so stated above.