

Registration District No. **1003**

Primary Registration District No. _____

Registrar's No. **5343**

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

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: **St. John's Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 day's**
(Specify whether years, months or days)

In this community **50 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____

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

(d) Street No. **1447 N. Broadway**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **About 50** years.

3. (a) PRINT FULL NAME **Charles F. Seiler**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **27**
year **1941** hour **8** minute **50 P. M.**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

21. I hereby certify that I attended the deceased from **6/22/41**, 19____ to **6/27/41**, 19____;
that I last saw him live on **6/27/41**, 19____;
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widower**

Immediate cause of death: **Myocardial insufficiency (cor.)**
Hypertensive heart disease

Duration **(2)**

6. (b) Name of husband or wife **Anna Seiler** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: **September 17, 1871**
(Month) (Day) (Year)

8. AGE: Years **69** Months **9** Days **10** If less than one day _____ hr. _____ min.

Other conditions **Ascovemia (Diabetes)**
(Include pregnancy within 3 months of death)

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

10. Usual occupation: **Hotel Keeper**

11. Industry or business _____

Major findings: _____
Of operations: _____
Of autopsy: _____

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

12. Name: **Unknown**

13. Birthplace: **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name: **Unknown**

15. Birthplace: **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Karl F. Seiler**

(b) Address: **5469 Shenandoah Ave.**

17. (a) **Burial** (b) Date thereof: **June 30, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **New St. Markus Cemetery**

18. (a) Signature of funeral director: **Wm. Paschedag**

(b) Address: **2825 N. Grand Blvd.**

19. (a) **JUN 29 1941** (b) **J. F. Bredek**
(Registrar's signature)

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? _____

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

23. Signature: **Wm. Paschedag** (M. D. or other) _____
Address: **2825 N. Grand Blvd.** Date signed: **6/28/41**

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.....

J. Wm. Dumble

Licensed Embalmer No. *3657*

P. O. Address *Edy Laws Md.*

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.