

No. 2
-1-4-41
5-17-39
I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43059

State File No. _____

FILED JAN 20 1942

Registration District No. _____

Primary Registration District No. 114

Registrar's No. 22

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Shrewsbury
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Shrewsbury
(If outside city or town limits, write "RURAL")
(d) Street No. 7303 Brunswick Avenue
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Franz Seidel

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

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

6. (b) Name of husband or wife Emelia Seidel 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 1, 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer retired

11. Industry or business _____

12. Name Don't know

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Stephen Pinter

(b) Address 7303 Brunswick (Shrewsbury)

17. (a) Burial (b) Date thereof 1/5/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS Peter & Paul

18. (a) Signature of funeral director John H. Harkins Sons
2630 Gravois

(b) Address _____
19. (a) JAN 5 - 1942 (b) E. J. McArthur M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3
year 1942 hour 4 minute 15 M.

21. I hereby certify that I attended the deceased from Jan 2
1942 to Jan 3 1942
that I last saw him alive on Jan 3 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia 2 day

Due to Chronic Myocarditis 8 yrs

Due to Senility 4 yrs

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 93

Of autopsy _____

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) Means of injury _____

23. Signature Leon A. P. Stein (M. D. or other) _____

Address 2800 S. Bippewa Date signed 1-4-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 *Robert Gibson*

Licensed Embalmer No. 4144

P. O. Address 2630 Graveys Sav.

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.