

FILED FEB 24 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 832
187
Registrar's No.

Registration District No. Primary Registration District No. 1003

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:
FIRMIN DESLOGE, 7
(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)

3. (a) PRINT FULL NAME LOUISE SEITER

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife FRANK, X. SEITER 6. (c) Age of husband or wife if alive years

7. Birth date of deceased AUGUST 28 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 4 9 hr. min.

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

10. Usual occupation HOUSEKEEPER

11. Industry or business OWN

12. Name MICHAEL OHLMAN

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

14. Maiden name CATHERINE JACOBBERGER

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

16. (a) Informant Marie A. Seiter

(b) Address 4274 Ellenwood

17. (a) BURIAL (b) Date thereof JAN. 9 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW SS. PETER & PAULS

18. (a) Signature of funeral director E. J. Schurz

(b) Address 3125 Lafayette Ave

19. (a) JAN 7 1942 (b) J. Z. Proctor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 008
(c) City or town ST. LOUIS 15 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4274 ELLENWOOD
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 6
year 1942 hour 7 minute 20 A.M.

21. I hereby certify that I attended the deceased from July 39 to January 6 1942
that I last saw her alive on January 6 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac failure

Due to Coronary disease

Due to Arteriosclerosis due to diabetes mellitus

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none
Of operations

Of autopsy conform diagnosis above

Duration
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?

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

23. Signature R. M. W. [unclear] (M. D. or D. O.)
Address 3720 Washington Date signed 1/8/42

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

MOTHER FATHER

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.....

Joseph W. Collins

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette*

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.