V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 4 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 972

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1002

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 3511a S. GRAND / BLVD.
(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: 92

(a) State Missouri (b) County 0

(c) City or town Sappington 0
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. #6 NR
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME WILLIAM C. SEIM

3. (b) If veteran, name war WW#1

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lee Hinrichs Seim

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased April (Month) 16 (Day) 1894 (Year)

8. AGE: Years 49 | Months 9 | Days 14 | If less than one day ___ hr. ___ min.

9. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Foreman

11. Industry or business Union Elect. L. & P. Co.

FATHER
12. Name Philip H. Seim
13. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Emma Doose
15. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Lee Hinrichs Seim
(b) Address R. #6, Sappington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/44 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
(b) Address 6464 Chippewa, St. Louis Mo.

19. (a) JAN 31 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30th year 1944 hour 6 minute 20 a.M.

21. I hereby certify that I attended the deceased from Sept 3 43, 19__, to Jan 29, 1944 that I last saw him alive on " " 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	days.
Due to arteriosclerosis	
Due to chronic nephritis	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Fabian J. Burke (M. D. or other) MD

Address 3115 S Grand Date signed 1-31-44

(Licensed Embalmer's Statement on Reverse Side)

F. J. Burke
3115 S. Grand
LA 4499 — 2-4 P.M.

MAR 6 1944

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 Louis C. Hoffmeister, Registered Apprentice No. ....., working under my personal supervision.

Signed Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.