

S. No. 2  
 OM-2-43  
 v. 5-17-39  
 -1 X35697

13339  
 State File No. 3319  
 Registrar's No.

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 FILED APR 20 1944

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003

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:  
3115a Keokuk St.  
 (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 000  
 (c) City or town St. Louis. (If outside city or town limits, write "RURAL")  
 (d) Street No. 3115a Keokuk St. (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry Seyler.  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month April day 9  
 year 1944 hour 3: minute 30 A.M.

4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Widowed.  
 6. (b) Name of husband or wife Sophie. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: January 26 1859  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 20 1944 to Apr 9 1944  
 that I last saw him alive on Apr 7 1944  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
85 2 13 hr. \_\_\_\_\_ min.

Immediate cause of death: Atherosclerosis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) 97  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace Germany.  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Custodian.

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

11. Industry or business Retired 8 Years.  
 12. Name Don't Know.  
 13. Birthplace Don't Know. (State or foreign country)  
 14. Maiden name Don't Know.  
 15. Birthplace Don't Know. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Weber,  
 (b) Address 3115a Keokuk St.

17. (a) Burial. (b) Date thereof 4/12/44  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Edwin Tony Mortuary  
 (b) Address 2842 Meramec St.

19. (a) APR 10 1944 (Date received local registrar) J. J. ... (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 Dr. ... (M. D. or other) M.D.  
 Address 3115 S. Grace Date signed 4/10/44

**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Joe S. Benz  
Licensed Embalmer No. 4249  
P. O. Address 2842 Meramec St.,  
St. Louis, Mo.

**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.**