V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 6 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8236

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2311

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
4436 Beck 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 13 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 00.0

(a) State Missouri (b) County 15

(c) City or town St Louis 5 15
(If outside city or town limits, write "RURAL")

(d) Street No. 4436 Beck
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edward Samuel Seal

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male 2

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Surrilla

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

7. Birth date of deceased Apr (Month) 1 (Day) 1862 (Year)

8. AGE: Years 82 Months 11 Days 8 If less than one day hr. min.

9. Birthplace England (City, town, or county) 11 (State or foreign country)

10. Usual occupation Railroad

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace England (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace England (City, town, or county) 4 (State or foreign country)

16. (a) Informant Maud Barto
(b) Address 4436 Beck

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-45 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Howard F Rowland
(b) Address 4355 Washington

19. (a) MAR 12 1945 (Date received local registrar) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9 year 1945 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from February 10, 1945 to March 9th 1945 that I last saw him alive on March 7, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Dilatation Chronic Myocarditis 6 mo.

Due to Arteriosclerosis 2

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. A. Rohlfing (M. D. or other)

Address 4724 Gravois Ave Date signed 3/9/45

W. A. Rohlfing

(Licensed Embalmer's Statement on Reverse Side)

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 John Kettee

Licensed Embalmer No. 3880

P. O. Address 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.