S. No. 2
OM—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 7 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 915

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 923

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: 6003 Clemens Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 6003 Clemens Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Florence Hess Seidlitz

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F.

5. Color or race W.

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

6. (b) Name of husband or wife Dr. Geo. N. Seidlitz

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased June (Month) 29 (Day) 1861 (Year)

8. AGE: Years 84 Months 9 Days 29 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Samuel S. Hess

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

14. Maiden name Margaretta Bellas

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

16. (a) Informant Dr. Geo. N. Seidlitz

(b) Address 6003 Clemens Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 30-46 (Month) (Day) (Year)

(c) Place: burial or cremation Iowa City, Iowa

18. (a) Signature of funeral director Alexander Sons

(b) Address 6175 Delmar

19. (a) JAN 28 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28 year 1946 hour 10: minute A. M.

21. I hereby certify that I attended the deceased from Sept 30/45, 19, to Jan 28/46, 19; that I last saw her alive on Jan 27/46, 19; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cerebral Hemorrhage

Due to arteriosclerosis

Due to Senility

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?

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

23. Signature Leon Parsons (M. D. or other)

Address 3903 - Olive St Date signed 1/28/46

(Licensed Embalmer's Statement on Reverse Side)

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

3103

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 Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6175 Pellman

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.