

FILED JUL 3 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5637

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 3503rd JUNIATA.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community Life. (Specify whether
years, months or days)

3. (a) PRINT FULL NAME JULIUS B. SEITZ

3. (b) If veteran, M name war _____
3. (c) Social Security No. 4-99-02-4971

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

6. (b) Name of husband or wife BEULAH. 6. (c) Age of husband or wife if
alive. 44 years

7. Birth date of deceased. Oct 22 1880
(Month) (Day) (Year)

AGE	Years	Months	Days	If less than one day
<u>65</u>	<u>6</u>	<u>8</u>	<u>3</u>	hr. _____ min. _____

9. Birthplace ST LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation GUARD.

11. Industry or business SCOLLEN STEEL.

MOTHER FATHER
12. Name ?
13. Birthplace GERMANY!
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace GERMANY!
(City, town, or county) (State or foreign country)

16. (a) Informant Beulah Seitz.

(b) Address 3503rd Junata.

17. (a) Burial. (b) Date thereof June 28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marcys Cemetery

18. (a) Signature of funeral director Thas... of ...

(b) Address 2706 Grand Ave.

19. (a) JUN 26 1946 (b) J. T. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis.
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 3503rd Junata.
(rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1946 hour 4:30 minute 8 M.

21. I hereby certify that I attended the deceased from
June 22 1946 to June 25 1946
that I last saw him alive on June 22 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Myocardial Infarction 120.
Due to Arteriosclerosis Yes.

Due to _____
Other conditions Scabity
(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 Surgeon C. ... (M. D. or other) No.
Address 3606 Grand Date signed 6-26-46

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

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed.....

David Tau Gosman

Licensed Embalmer No.

4243

P. O. Address.....

2906 ...

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.