. No. 2
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25844

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6570

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: 4022 N. Grand Avenue
(If not in hospital or institution, write street number or location)

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

In this community

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. 4022 N. Grand Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Emma Weil

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 Widowed

6. (b) Name of husband or wife George

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

7. Birth date of deceased April (Month) 24 (Day) 1870 (Year)

8. AGE: Years 76 Months 3 Days 1 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Fred Seeger

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

14. Maiden name Helen Brader

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

16. (a) Informant Mrs. T. Dolan

(b) Address 4022 N. Grand Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27/46 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Provost Mortuary

(b) Address 3710 N. Grand Avenue

19. (a) JUL 25 1946 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 25 day year 1946 hour 4 minute a. M.

21. I hereby certify that I attended the deceased from 5-28, 1946, to 7-25, 1946; that I last saw he alive on July 24, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Pneumonia	7 days
Due to Chronic Myocarditis with Auricular Fibrillation	?
Due to Arteriosclerosis	?
Other conditions (Include pregnancy within 3 months of death) Chronic Nephritis	?

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 J. Rhyan (M. D. or other)

Address 706 N. Grand Ave. Date signed 7-25-46

(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.....V E Morris.....

Licensed Embalmer No.....3360.....

P. O. Address.....

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.