DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

5-17-39
I X47070

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

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31472

FILED SEP 24 1946

Registration District No. 9 Primary Registration District No. 6076 Registrar's No. 1873

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 9-7-46 (Specify whether years, months or days)
In this community 24 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 94
(c) City or town ~~XXXXXXXX~~ Farmington, 4
(If outside city or town limits, write "RURAL")
(d) Street No. 402 Potosi, 1
(If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME SEITZ, Charles W.
3. (b) If veteran, name war World I
3. (c) Social Security No. Unknown
4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice Seitz
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Oct. 15, 1896 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
49	10	23	hr. min.

9. Birthplace Ste. Genevieve, Missouri O (City, town, or county) (State or foreign country)
10. Usual occupation Shoe Repair
11. Industry or business ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX~~
FATHER 12. Name Joseph Seitz
13. Birthplace Missouri O (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary Herzog
15. Birthplace Missouri O (City, town, or county) (State or foreign country)
16. (a) Informant Clinical Clerk, Vet. Adm. Hosp.,
(b) Address Jefferson Barracks, Missouri
17. (a) Farmington Mo (Burial, cremation, or removal) (b) Date thereof 9-9-46 (Month) (Day) (Year)
(c) Place: burial or cremation Farmington Mo
18. (a) Signature of funeral director Rosenbaum Funeral Home
(b) Address Farmington Missouri
19. (a) 9-11-46 (Date received local registrar) (b) Ruth J. Allen M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 7 year 1946 hour 3:20 minute P M.
21. I hereby certify that I attended the deceased from 9-7-46, 19..., to 9-7-46, 19...; that I last saw him alive on September 7, 1946, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
RUPTURED OESOPHAGEAL VARIX	UNK.
Due to	
Due to	
Other conditions NONE (Include pregnancy within 3 months of death)	

100-22

Major findings: Of operations No Operation'
Of autopsy No 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) no
(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 O

23. Signature L. E. Stilwell L. E. STILWELL, M.D. (M.D. or other)
Address Vet. Adm. Hosp. Jeff. Bks., Mo. Date signed 9-9-46

(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 John Ketter

Licensed Embalmer No. 3880

P. O. Address S Charles 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.