S. No. 2
M—5-43
. 5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 31 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11527

Primary Registration District No. 1003

Registrar's No. 2851

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:
De Paul Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. Fairgrounds Hotel 109
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Walter P. Seim

3. (b) If veteran, name war

3. (c) Social Security No. 493-10-4041

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Nellie Seim

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased October (Month) 20 (Day) 1888 (Year)

8. AGE: Years 58 Months 4 Days 25 If less than one day hr. min.

9. Birthplace Sappington (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Musician

11. Industry or business self

FATHER
12. Name Peter Seim
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Seim
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Charles McHenry
(b) Address 5032 Murdock

17. (a) burial (Burial, cremation, or removal) (b) Date thereof March-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Lucas Cemetery

18. (a) Signature of funeral director A. Kraus & Co
(b) Address 2707 N. Grand Blv'd

19. (a) MAR 18 1947 (Date received local registrar) (b) J. F. Bruecken (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1947 hour 1 minute 15 p. M.

21. I hereby certify that I attended the deceased from 12-15-39, 19..., to 3-15-47, 19...; that I last saw him alive on 3-15-47, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	10 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Mitral Stenosis, rheumatic heart dis, Allergic bronchial asthma, sick.	

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 0

23. Signature Wayne Ogle (M. D. or other)
Address 2735 Olive St. Date signed 3-17-47

(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 Stanley H. Dixon

Licensed Embalmer No. 4193

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.