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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 25 1948
Registration District No. 310

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30741
Primary Registration District No. 3058
Registrar's No. 184

1. PLACE OF DEATH:
(a) County: St. Charles
(b) City or town: St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Charles 92
(c) City or town: "Rural" St. Charles Twsp
(If outside city or town limits, write "RURAL")
(d) Street No.: R.R. 2 South River Road
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Emma Seiling
3. (b) If veteran, name war: NIL
3. (c) Social Security No.: NIL
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Robert L. Seiling
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: May (Month) 3 (Day) 1886 (Year)
8. AGE: Years 62 | Months 4 | Days 11 | If less than one day: hr. min.
9. Birthplace: Washington (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER
12. Name: August Brauns
13. Birthplace: (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name: Tena Hermann
15. Birthplace: (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Robert L. Seiling
(b) Address: R.R. 2-St.Charles, Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof: Sept 15-1948 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: Washington, Mo.
18. (a) Signature of funeral director: H.C. Dallmeyer & Sons Co
(b) Address: 800 N. 2nd-St.Charles, Mo.
19. (a) Sept 16-48 (Date received local registrar) Naomi Hamel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept day: 14 year: 1948 hour: 10:45 minute: P. M.
21. I hereby certify that I attended the deceased from Sept 13, 1948, to Sept. 14, 1948, that I last saw him alive on Sept 14, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	2 days
Due to essential hypertension	10 yr.
Due to generalized atherosclerosis	10 yr.
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? (Specify type of place)
While at work: (e) Means of injury:
Signature: R O Hayden MD (M. D. or other) MD
Address: St Charles Mo. Date signed: 9-15-48

(Licensed Embalmer's Statement on Reverse Side)

DEC 29 1949

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 Joseph F. Lambert

Licensed Embalmer No. 4189

P. O. Address St. Charles

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.