

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39708**
Registrar's No. **9949**

318 **1003**

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo/ b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) t. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | |
| c. LENGTH OF STAY (in this place) 47 yrs. | | d. STREET ADDRESS (If rural, give location) 6016 Maple | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION City Hosp. | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) LOUIS | b. (Middle) | c. (Last) SEIDEL | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 8, 1951 |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Unk. | 9. AGE (In years last birthday) ab. 67 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) USSR | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Max Seidel | 13b. MOTHER'S MAIDEN NAME Anna Unk. | 14. NAME OF HUSBAND OR WIFE Rose |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. Unk. | 17. INFORMANT'S SIGNATURE OR NAME Edward Seidel | ADDRESS 5565 Wabasha |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lv of the right hip; Arteriosclerosis; suffered when | | unknown |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) stomach full in his home DUE TO (c) at 6016 Maple Ave on | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Oct 22 1951 exact time | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION no Accident | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT (Specify) Accident | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) Oct 22 51 | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? E 9030 |
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22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 1205 m., from the causes and on the date stated above.

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| 23a. SIGNATURE Dr. M. Quinn | 23b. ADDRESS 130 Clark | 23c. DATE SIGNED 11/9/51 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 11/11/51 | 24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Smith | 24d. LOCATION (City, town, or county) (State) University City Mo. |
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| DATE REPORTED BY LOCAL REG. Nov 9 1951 | REGISTRAR'S SIGNATURE Earl Smith | 25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial | ADDRESS 4715 McPherson |
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WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

James A. Anderson
.....
Licensed Embalmer No. 4229

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.