

MAR 25 1937 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Genevieve  
Township St. Gen.  
City (No. ....) St. .... Ward)

Registration District No. 780  
Primary Registration District No. 6025

File No. 7966  
Registered No. 6

2. FULL NAME August Seiler

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>unmarried</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Theresa Jansing</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 8 1860</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>5</u>
	DAYS <u>6</u>	IF LESS than 1 day, .... hrs. or .... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
St. Genevieve Missouri

13. NAME  Florian Seiler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Germany

15. MAIDEN NAME Genevieve Bantz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Germany

17. INFORMANT (ADDRESS)  
Mrs Rose Johnson  
St. Genevieve Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE  
St. Genevieve Mo DATE Feb 16 37

19. UNDERTAKER (ADDRESS)  
Geo. C. Bealer  
St. Genevieve Mo

20. FILED Feb 15 1937 T.W. Douglas  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1937

I HEREBY CERTIFY, That I attended deceased from Jan 20 1937, to Feb 14 1937  
I last saw him alive on Feb 13 1937 Death is said to have occurred on the date stated above, at 125 P m.  
The principal cause of death and related causes of importance were as follows:

Acute Myocarditis & Coronary Atherosclerosis

Other contributory causes of importance:  
Arteriosclerosis Chronic Coronary Arteriosclerosis

Name of operation Cerebral Symply Date of .....  
What test confirmed diagnosis? Yes there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Yes Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury L  
Nature of injury C

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify.....

(Signed) B. J. Jansing M. D.  
(Address) St. Genevieve Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

