CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

JAN 24 1938

46623
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 284
(b) Township ~~Baden~~ St. Ferdinand — Primary Registration District No. 6030 — Registered No. 230
(c) City Baden — (d) Street No. R. 3 Box 37 Baden Sta. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Andrew Seckel
(a) Residence, No. Baden Station St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theresa Sickel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19, 1850

7. AGE: Years 87 — Months 1 — Days 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Harness Maker
9. Industry or business in which work was done, as saw mill, bank, etc. 018
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 COUNTY) Germany

FATHER
13. NAME A. Seckel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Charles Kuhn
(ADDRESS) R.5 Box 37 Baden Station

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE Dec. 24, 1937

19. FUNERAL DIRECTOR Wm. F. Paschedag
(ADDRESS) 2825 N. Grand Blvd.

20. FILED Dec 23 1937 W. A. Zeitler Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/22 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/9/37, 19.. to 12/22, 1937
I last saw him alive on 12/11 1937. Death is said to have occurred on the date stated above, at 2:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthma chronic	2 years

Other contributory causes of importance:
Hypertension

Name of operation ..... Date of .....
What test confirmed diagnosis? Clu Was there an autopsy? No

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

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) J. H. Chapman, M. D.
(Address) 8321 Bryan Bldg

(Licensed Embalmer's Statement on Reverse Side)
Perle Smith

STATEMENT BY LICENSED EMBALMER

I, Wm. F. Paschedag, Licensed Embalmer No. 2311

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Guy W. Wilkinson

L. E.

No. 3575 or by, Registered Apprentice No.

working under my personal supervision.

Signed Wm. F. Paschedag

Licensed Embalmer No. 2311

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.)