

REC'D OCT 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

30479

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1008**
 (c) City **ST. LOUIS MO.** (d) Street No. **2829 HICKORY ST.** Registered No. **7916**
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

FREDERICK M. SEIFRIED 163
 (a) Residence, No. **2829 HICKORY ST.** St. **22**
 (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) **MARRIED**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **ANNIE SEIFRIED**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **MARCH 24 1865**

7. AGE YEARS **73** MONTHS **5** DAYS **12** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Butcher**
 9. Industry or business in which work was done, as saw mill, bank, etc. **own shop**
 10. Date deceased last worked at this occupation (month and year) **9/5-38** 11. Total time (years) spent in this occupation **53**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **MISSOURI 0**

FATHER 13. NAME **JACOB SEIFRIED 6**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY 9**

MOTHER 15. MAIDEN NAME **MARGARET UNK.**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **UNKNOWN**

17. INFORMANT (ADDRESS) **ANNIE SEIFRIED 2829 HICKORY ST.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **CUBA MO.** DATE **SEPT 9 1938**

19. FUNERAL DIRECTOR (ADDRESS) **E. J. Schurr 3125 Lafayette Av.**

20. FILED **SEP - 7 1938** **J. F. Bucher** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **SEPT 5 1938**

22. I, HEREBY CERTIFY, That I attended deceased from **July 19 1938**, to **Sept 5 1938**

Last saw him alive on **Sept 5 1938**. Death is said to have occurred on the date stated above, at **9:20 P.** m.

The principal cause of death and related causes of importance were, as follows:

Cardiac Thrombosis ✓ Date of onset **9-5-38**

058

Other contributory causes of importance **Hypertension & General Arterio Sclerosis** 57/40

Name of operation **none** Date of
 What test confirmed diagnosis? **Clinical** 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 **no**

(Signed) **R. E. Owen** M. D.

(Address) **University Chst Bldg**

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

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

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

J. G. Sullivan

Licensed Embalmer No..... *1112*

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.)