

NOV 16 1938

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

34169
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 791
(b) Township 1 Primary Registration District No. 1003
(c) City St. Louis (d) Street No. 1448 N. 11th 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 340 Peter J. Seidel
1448 N. 11th St. St. 25
(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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24 - 1871
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 4 25
8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as saw mill, bank, etc. Retired
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 Louis

13. NAME Julius Seidel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ger 6

15. MAIDEN NAME Mary Lanterbach

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ger 6

17. INFORMANT (ADDRESS) Cecelia Seidel
1448 N. 11th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Oct. 22, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bromachung & Sons
4746 N. Florissant Ave.
J. F. Brebeck
Local Registrar.

20. F. O. B. OCT 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20th 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1938, to Oct. 20th 1938.

I last saw him alive on Oct. 19th 1938. Death is said to have occurred on the date stated above, at 2³⁰ P. M.

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

Cardiac Failure
Carcinoma of Lung
Date of onset 11-12-38

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? A. O.

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?
If so, specify and

(Signed) Darvey C. Attitude, M. D.
(Address) 4104 1/2 St. Louis Ave.

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.

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..... *Guy W. Wilkinson*

Licensed Embalmer No. *2575*

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, above space should be left blank.

4061 Answer