

1938

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

37357  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791  
(b) Township..... Primary Registration District No. 1003  
(c) City or Town..... St. Louis (d) Street No. Lutheran Hospital 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 Frank Sehl  
(a) Residence, No. 5308 Loughboro St. 2  
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
52 7 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Tavern Owner  
9. Industry or business in which work was done, as 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) Hungary 7

FATHER 13. NAME John

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary 7

MOTHER 15. MAIDEN NAME Katherine Abne

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary 7

17. INFORMANT Ben Sehl (ADDRESS) 5308 Loughboro

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial DATE Nov 12, 1938

19. FUNERAL DIRECTOR (NAME) John L. Ziegenhein & Sons (ADDRESS) 7027 Gravois Ave.

20. FILED 11-9 1938 J. T. Bredack Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7th 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1938, to Nov. 7, 1938. I last saw him alive on Nov. 7, 1938. Death is said to have occurred on the date stated above, at 5:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Pleural Endotheliasis, Left  
Date of onset May 1938

Other contributory causes of importance: Empyema of Left Thorax Sept. 1938

Name of operation Thoracotomy Date of Oct. 27, 1938  
What test confirmed diagnosis? Laboratory Was there an autopsy? Yes

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. Lewis Hutton, M.D. (Address) 3606 Beauvoir

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 Clarence P. Kildwell

Licensed Embalmer No. 3877

P. O. Address 69379 Gravois

**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.**