

REC 6-1038

DEC 9 JAN 6 1938

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

44551  
Do not use this space.

1. PLACE OF DEATH  
(a) County Saint Louis Registration District No. 784  
(b) Township Carondelet Primary Registration District No. 300  
(c) City Jefferson Barracks (d) Street No. 1st Nat. Hwy St.  
Unkn. (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 Albert Seyler  
(a) Residence, No. 3349 Illinois Avenue, Saint Louis, St. Missouri. (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10, 1891

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>47</u>	<u>9</u>	<u>25</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Woodworker

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) Saint Louis, Missouri. (STATE OR COUNTRY)

FATHER

13. NAME Adam Seyler

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

MOTHER

15. MAIDEN NAME Rosa Vetter

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

17. INFORMANT Clara Seyler, VAF., Jefferson Barracks, Missouri. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Old S.S. Peter & Paul, December 9, 1938.

19. FUNERAL DIRECTOR J. J. Bro. 2623 Cherokee Street. (ADDRESS)

20. FILED DEC 19 1938 T. R. Meyer, Registrar. (Address) VAF Jefferson Barracks, Mo.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from November 23, 1938 to December 5, 1938.  
I last saw him alive on December 5, 1938. Death is said to have occurred on the date stated above, at 2:50A. m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Nephritis with nitrogen retention (cause undetermined).  
Chronic Myocarditis, Terminal Pneumonia, right base.  
Other contributory causes of importance:  
None  
Name of operation None Date of operation None  
Phys. clinical exam. and laboratory NO  
What test confirmed diagnosis? NO 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?  
If so, specify None  
(Signed) C. W. Hughes, Chief Med. Officer M. D.  
VAF Jefferson Barracks, Mo.

Date of onset  
Unkn.

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, Juddie A. Ziegenhein., Licensed Embalmer No. 2270

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

*Juddie A. Ziegenhein*

Licensed Embalmer No. 2270.

**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.)**