LEG'D APR 12 1939

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

8921
Do not use this space.

2686

1. PLACE OF DEATH

(a) County ..... Registration District No. .....

(b) Township ..... Primary Registration District No. ..... Registered No. .....

(c) or City St. Louis, Missouri (d) Street No. ....., City Sanitarium 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 46 yrs. mos. 25 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 46 Margaret Seele

(a) Residence, No. 3635 Cozens St. 11 (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-23-1893

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	46	—	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as saw mill, bank, etc. Domestic
10. Date deceased last worked at this occupation (month and year) 1908
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri 0

FATHER
13. NAME Ascel Seele 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milwaukee Wisconsin 0

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

17. INFORMANT (ADDRESS) R. J. Mueller, M.D. 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Mar. 22. 1939

19. FUNERAL DIRECTOR (NAME) J. H. Gebhardt Lt. & Co (ADDRESS) 2842 Meramec Street

20. FILED 3/22 19 J. B. Budrick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-20-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-1-38, 19, to 3-20-39, 19
I last saw her alive on 3-20-39, 19. Death is said to have occurred on the date stated above, at 2:18 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease with mitral Stenosis [illegible] and decompensation 3-19-39x	

Other contributory causes of importance:
Acute Pulmonary Edema 3-19-39
no pneumonia

92a

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) R. J. Mueller, M. D.
(Address) 5400 Arsenal St

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

I X16605

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.....

Licensed Embalmer No.....

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.