

REC'D MAY 10 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
13056
Do not use this space.

3398

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis (d) Street No. Deaconess Hospital Registered No.....
 (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

3110 ARTHUR A. SEIDEL,
 (a) Residence, No. 6347 Laura Avenue St. NR West Walnut Manor
 (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 Ella E. Seidel (Hermensen)
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 9 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Machinist
 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) Chicago,
 (STATE OR COUNTRY) Ill.

FATHER 13. NAME Adolph Seidel

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

MOTHER 15. MAIDEN NAME Not Known

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

17. INFORMANT Mrs. Ella Seidel
 (ADDRESS) 6347 Laura Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Apr 12, 1939

19. FUNERAL DIRECTOR (NAME) Math. Hermann & Son
 (ADDRESS) 2161 East Fair Avenue

20. FILED APR 12 1939
J. B. Brudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 23, 1938, to Apr 9, 1939

I last saw him alive on Apr 8, 1939. Death is said to have occurred on the date stated above, at 6:05 AM

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

Progressive Dissection
Wheez

Other contributory causes of importance:

Bronchitis

Name of operation Lung Date of 3/5/39

What test confirmed diagnosis? Was there an autopsy?

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) E. H. Hermensen M. D.

(Address) 203 Brannigans Bldg

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 *William G. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis Mo*

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.