

REC'D AUG 11 1939

791

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

6112

1. PLACE OF DEATH: **1003**
 (a) County _____
 (b) City or town St. Louis
 (c) Name of hospital or institution: 4870 Lee Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 60 Years
 In this community 60 Years
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Seidel
 3. (b) If veteran, name war None
 3. (c) Social Security No. 489-14-0246

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
 6. (b) Name of husband or wife Elizabeth Seidel nee Huxel Decd. 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 28, 1859
 (Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Germany
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Brewery worker

12. Name Not known

18. Birthplace Germany
 (City, town, or county) (State or foreign country)

14. Maiden name Not known
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Math Phillip Fressel
 (b) Address 4870 Lee Ave.

17. (a) Burial (b) Date thereof 7-11-39
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Friedens cemetery

18. (a) Signature of funeral director Math Hermann & Son
 (b) Address 2161 East Fair Ave.

19. (a) 11 1939
 (Date certified local Registrar)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4870 Lee Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 60 Years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 8, 1939
 year _____ hour 2:30 AM minute _____ M.

21. I hereby certify that I attended the deceased from JULY 12 1938
 _____, 19____, to JULY 8, 1939;
 that I last saw him alive on JULY 7, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC MYOCARDITIS

Due to SENILE EMPHYSEMA

Due to CHRONIC NEPHRITIS

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature W. A. Niebuerg (M. D. or other) _____
 Address 3621 No 20th St. Date signed 7/10/39

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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 William G. Buchholz
Licensed Embalmer No. 2110 O
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.