

## STANDARD CERTIFICATE OF DEATH

State File No.

31200

Registrar's No.

8263

OCT 14 1939

791

Registration District No.

1008

Primary Registration District No.

## 1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
BARNES HOSPITAL  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community about 50 years years, months or days)

3. (a) PRINT FULL NAME: SESEL, Louis Daniel

8. (b) If veteran, name war No  
 3. (c) Social Security No. None

4. Sex Male 5. Color or race white  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Lena Diesel  
 6. (c) Age of husband or wife if alive 69 years  
 7. Birth date of deceased Sept 19 1869  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 0 5 hr. min.

9. Birthplace: Ill.  
(City, town, or county) (State or foreign country)10. Usual occupation Salaman11. Industry or business L. Mauld Co.12. Name Charles Diesel13. Birthplace Germany  
(City, town, or county) (State or foreign country)14. Maiden name unknown15. Birthplace unknown  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Lena Diesel(b) Address 4566 Clayton Ave17. (a) Burial (b) Date thereof Sept-27-1939  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Memorial Park18. (a) Signature of funeral director H. Leidner and Co.(b) Address 1417 N. 7th Street St.19. (a) SEP 25 1939 (Date received local registration)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1  
 (c) City or town St. Louis 18  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4566 Clayton  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 24  
 year 1939 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from September 11, 1939, to September 24, 1939;  
 that I last saw him alive on September 24, 1939;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Hypertensive arteriosclerotic heart disease  
 Due to Carcinoma of urinary bladder

Other conditions Carcinoma of urinary bladder  
 (Include pregnancy within 5 months of death)

Major findings: Carcinoma of urinary bladder  
 Of operations bladder  
 Of autopsy Carcinoma of urinary bladder

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 Henry Adfner (M. D. or other) \_\_\_\_\_Address BARNES HOSPITAL Date signed \_\_\_\_\_

Q  
6/10/07

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**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..... *Henry L. Ponder* .....

Licensed Embalmer No. *3367*

P. O. Address *2223 St. Louis*

**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.**