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OCT 10 1940

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1668

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mother of Good Counsel Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Christine Seiler

8. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Leopold Seiler

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 30, 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>4</u>	<u>1</u>	hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At. Home

11. Industry or business _____

MOTHER FATHER { 12. Name Bernard Voss,

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

14. Maiden name Unknown

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

16. (a) Informant Leo A. Seiler,

(b) Address 2118 Penrose Str

17. (a) Burial (b) Date thereof Sept. 4, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director _____

(b) Address SEP - 9 1940 17 E. Grand Blvd

19. (a) _____ (b) [Signature]
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limit write "RURAL")

(d) Street No. 2118 Penrose Str
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1
year 1940 hour 4:50 minute _____ P. M.

21. I hereby certify that I attended the deceased from July, 1940 to Sept. 1, 1940
that I last saw her alive on Sept. 1, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Cardio-Vas- Durgion
cular-Renal disease, Senalized
Dementia,

- Due to Cerebral Apoplexy, left side 7 yrs.
Three strokes with complete
Hemiplegia right side

- Due to Secondary: Uremia About
Uremic Coma - About 2 weeks 2 mos.

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: None

Of operations None

Of autopsy None 131

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 [Signature] (M. D. or other) _____

Address 2718 Juniper St Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Frank A. Moore

Licensed Embalmer No.

3041

P. O. Address

2117 E. Ave

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.