

FILED NOV 25 1940
784

Registration District No. _____ Primary Registration District No. 200

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Normandy
(c) Name of hospital or institution: 7235 Normandy Pl
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Normandy
(d) Street No. 7235 Normandy Pl.
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME JANET M. SEIFRIED.
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Oct day 29
year 1940 hour 12 minute 30 a M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug. 25, 1939

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
1 2 4 _____ hr. _____ min.

Immediate cause of death Acute bronchopneumonia
Duration 4 mo

9. Birthplace St. Louis, Mo.
10. Usual occupation At Home.

Due to Mongolian Idiocy
Due to 1070

11. Industry or business _____
12. Name Fred. Seifried,
13. Birthplace St. Louis Mo.
14. Maiden name Lucille Lederle
15. Birthplace St. Louis, Mo.

Other conditions _____
Major findings: Of operations _____
Of autopsy _____

16. (a) Informant Fred Seifried
(b) Address 7235 Normandy Pl.
17. (a) Burial (b) Date thereof 10/30/40
(c) Place: burial or cremation Calvary Cemetery

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

18. (a) Signature of funeral director _____
(b) Address 2117 E. Grand Blvd.
19. (a) OCT 20 1940 (b) I. R. Meyer

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? _____
(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 John Howell (M. D. or other) _____
Address _____ Date signed 10/29/40

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

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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

Frank A. Moore

Licensed Embalmer No.

3041

P. O. Address

2117 E. Hill

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.