

Registration District No. _____

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Jewish 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 _____
years, months or days)

3. (a) PRINT FULL NAME Vera Maud Seelig

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Simon Seelig 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 26 1854
(Month) (Day) (Year)

8. AGE: Years 86 Months 5 Days 25 If less than one day
hr. _____ min. _____

9. Birthplace Albany New York
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name R. P. Cohen

13. 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 Dr. Major A. Seelig

(b) Address 4954 Lindell

17. (a) Cremation (b) Date thereof 12-23-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Herman Rinds Kapp

(b) Address 5216 Delmar

19. (a) DEC 23 1940 (b) F. Bredeck
(Date 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 limits, write "RURAL")
(d) Street No. Chase Hotel
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21
year 1940 hour 11 minute 30 P. M.

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

Immediate cause of death Broncho-pneumonia Duration 6 day
Due to arterio-sclerosis years
nephrosclerosis years

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 Revelles Sale (M. D. or other) _____
Address 4500 Olive Date signed 12/23/40

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.....

Chas. W. Cooper

Licensed Embalmer No. *3830*

P. O. Address *5216 Delmar*

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, fact should be so stated above.