S. No. 2
I—1-4-41
. 5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 16250 3768

Registration District No. 791 Primary Registration District No. 1003 Registrar's 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: St. Louis City Hospital #1 ()
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Days (Specify whether years, months or days)

In this community 10 years

**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. 508 East Gano Avenue
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

000
917
9

3. (a) PRINT FULL NAME Elsie Seier

3. (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 Married

6. (b) Name of husband or wife John F. Seier

6. (c) Age of husband or wife if alive 33 yrs. years

7. Birth date of deceased August 29, 1908 (Month) (Day) (Year)

8. AGE: Years 32 Months 8 Days 1 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business Housewife

MOTHER FATHER

12. Name Rudolph Postler

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

MOTHER

14. Maiden name Emma Wagenknecht

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

16. (a) Informant John F. Seier

(b) Address 508 East Gano Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/41 (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) MAY 2 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 30, year 1941 hour 4:05 minute P. M.

21. I hereby certify that I attended the deceased from April 20, 1941, to April 30, 1941; that I last saw her alive on April 30, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Biliary cirrhosis of the liver.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. W. F. Fitzgerald (M. D. or other) ()

Address 1515 Lafayette Avenue. Date signed 5/1/41

(Licensed Embalmer's Statement on Reverse Side)

## 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 Leonard Hampton

Licensed Embalmer No. 2967

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, fact should be so stated above.**