

FILED MAR 17 1942

Primary Registration District No. 1003

Registrar's No.

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

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..... 5 Days
(Specify whether)

In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. 4824 Sigel Ave.
(If rural, give location)

(e) Citizen of foreign country?..... 0 (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Julia May Seyb

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Harl Seyb

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased Oct. 25th 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>3</u>	<u>30</u>	hr. min.

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business.....

12. Name Lilas Koelwa

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

14. Maiden name Unknown

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

16. (a) Informant Harl Seyb

(b) Address 4824 Sigel Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-42
(Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Cemetery

18. (a) Signature of funeral director Frieprauser, Mastigipfe

(b) Address 4228 La Kingshighway Blvd.

19. (a) FEB 26 1942 (b) J. F. Credex
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24, year 1942 hour 8:10 minute P. M.

21. I hereby certify that I attended the deceased from February 20, 1942, to February 24, 1942 that I last saw h. er alive on February 24, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death tertibrisaoulon thrombosis left post. cerebral artery and rt. ant orbital art. Duration 5 days

Due to Arteriosclerotic heart disease with aortic fibrillation 24 yrs

Due to and hypertension

Other conditions Ren. arteriosclerosis

Other conditions Terminal Pulmonary

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations..... 93

Of autopsy Same

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?.....

While at work..... (Specify type of place) (Means of injury) 0

23. Signature Wade (M, D, or other) 2/25/42

Address 1515 Lafayette Ave. Date signed.....

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 *Edward A. Mc Dermott*

Licensed Embalmer No. *3024*

P. O. Address.....

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.