

FILED FEB 10 1943

Registration District No. 184

Primary Registration District No. 111

Registrar's No. 258

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Lakewood *R. 2*  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
(Specify whether  
In this community 30 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis *96*  
(c) City or town Lakewood *0*  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7723 Clevedon  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME Marie Seifried

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Albert 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Feb. 7 1880  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>11</u>	<u>24</u>	..... hr. .... min.

9. Birthplace Germany *4*  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Kirsammer

13. Birthplace Germany *4*  
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace Germany *4*  
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Seifried

(b) Address 7723 Clevedon

17. (a) Burial (b) Date thereof 2-3-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Redeemer Cemetery

18. (a) Signature of funeral director John S. Ziegenheim & Sons

(b) Address 7027 Gravois Ave.

19. (a) FEB 4 1943 (b) C. G. McQuinn  
(Date received local registrar) (Registrar's signature) *25*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31  
year 1943 hour 4 minute 55 P.M.

21. I hereby certify that I attended the deceased from 1/27/43  
..... 19..... to 1/31/43 19.....  
that I last saw h. alive on 1/31/43 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Cholecystitis  
with stones *10 yrs.*

Due to 1/26

Due to 1/26

Other conditions (Include pregnancy within 3 months of death)

Major findings: Saure + obstruction  
Of operations of the common bile duct  
Of autopsy duct

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? .....

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

23. Signature W. G. Sauer (M. D. or other)

Address 634 W. Grand Date signed 2/13/43

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

9966  
3066

320

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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

*E. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 Seaview*

**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.**