

APR 14 1943
Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 47

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

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph Seiling

3. (b) If veteran, name war None
3. (c) Social Security No. 492-03-7581

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ella Hoffman
6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased January 23, 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 14
If less than one day .hr. .min.

9. Birthplace St. Charles, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Steel Worker
11. Industry or business Car Mfg.

MOTHER FATHER
12. Name Joseph J. Seiling
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Roschert
15. Birthplace St. Charles Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Pearl Gore
(b) Address ST. CHARLES, MO

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof Mar. 11, 1943
(Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Hackmann Base
(b) Address 326 N. 6th St., St. Charles Mo.

19. (a) 3-10-43
(Date received local registrar) (b) Clarence G. Wessler
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 1020 Jefferson Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th
year 1943 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept
1942 to March 1943
that I last saw him alive on March 8 1943
and that death occurred on the date and hour stated above.

Immediate cause of death:
Cerebral hemorrhage -
associated with
chronic nephritis,
chronic hepatitis,
and jaundice.
Due to

Other conditions Chronic hepatitis & stones
(Include pregnancy within 3 months of death)
Major findings:
Of operations

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 Clarence G. Wessler (M. D. or other) md
Address St Charles, Mo Date signed 3/9/43

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..... *Arthur C. Bane*

Licensed Embalmer No. *3145*

P. O. Address *St Charles 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.