V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1944

Registration District No. 167

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5594

State File No. 24991

Registrar's No. 1679

1. PLACE OF DEATH:
(a) County: JEFFERSON
(b) City or town: RURAL - Meramec Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hill Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 0 (Specify whether years, months or days)
In this community: 7 MONTHS - 12 DAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JEFFERSON 500
(c) City or town: RURAL
(If outside city or town limits, write "RURAL")
(d) Street No.: NEAR BARNHART Mo.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: — — 0

3. (a) PRINT FULL NAME: FREDERICK A. SEITZ
3. (b) If veteran, name war: 0
3. (c) Social Security No.:
4. Sex: MALE
5. Color or race: WHITE
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~: W
6. (b) Name of husband or wife: LAURA ANGELL
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: FEBRUARY (Month) 12 (Day) 1860 (Year)

8. AGE: Years 84 | Months 4 | Days — | If less than one day: hr. min.

9. Birthplace: WOLEM, MISSOURI (City, town, or county) 0 (State or foreign country)
10. Usual occupation: BLACKSMITH
11. Industry or business: LINSTROTH WAGON, CO.
MOTHER FATHER
12. Name: AUGUST SEITZ
13. Birthplace: GERMANY (City, town, or county) (State or foreign country)
14. Maiden name: MINNIE DAHLHAUS
15. Birthplace: GERMANY (City, town, or county) (State or foreign country)
16. (a) Informant: Brother Conrad O.S.F.
(b) Address: St. Joseph's Hill Infirmary
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JUNE 12, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: BURGESS CEM. ANTONIA MO.
18. (a) Signature of funeral director: HEILIGTAG FUNERAL HOME
(b) Address: KIMMSWICK Mo.
19. (a) 1 Jun 1944 (Date received local registrar) (b) J. A. Townsend (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 11 year 1944 hour 2 minute 15 P.M.
21. I hereby certify that I attended the deceased from APRIL 18th, 1944, to JUNE 6, 1944 that I last saw him alive on JUNE 6, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

938

Major findings:
Of operations:
Of autopsy:

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: 0
23. Signature: John L. Marden M.D. (M. D. or other)
Address: 216-3 N. Vandeventer Ave. St. Louis 7 Mo. Date signed: 6/12/44

2 x 6 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 7-21-44

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 Elmer Heiligtag

Licensed Embalmer No. 3571

P. O. Address Kimmswick 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.