V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4820

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1650

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4168 Miami Avenue (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

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. 4168 Miami Avenue (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Anna C. Seiler

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Henry Seiler

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

7. Birth date of deceased October 12, 1878 (Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 5 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry Wubker
13. Birthplace Unknown Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown Terbrock
15. Birthplace Unknown Germany (City, town, or county) (State or foreign country)

16. (a) Informant Joseph Seiler

(b) Address 4168 Miami Avenue

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/17/45 (Month) (Day) (Year)

(c) Place: burial or cremation Leopold, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc.

(b) Address 4700 Washington Ave.

19. (a) 2/19/45 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

FEB 20 1945

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17th year 1945 hour 10:30 minute A.M.

21. I hereby certify that I attended the deceased from Feb 13 to 1945 to Feb 16th 1945; that I last saw her alive on Feb 16th 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage

Artero Sclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy No

Duration: 3 yrs

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) No

(b) Date of occurrence None

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)

While at work? No (e) Means of injury No

23. Signature T. A. O'Brien (M. D. or other)

Address N08-1657 So. Grand Blvd. Date signed Feb 19 45

(Licensed Embalmer's Statement on Reverse Side)

OCT 19 1945

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.....

Licensed Embalmer No.....1861.....

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.