

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17258
Registrar's No. 5

FILED JUN 14 1945

Registration District No. 76

Primary Registration District No. 5595

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Fenton - Rock Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Saline Rd. Fenton, Mo., 1
(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 Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson
(c) City or town Rural - Fenton
(If outside city or town limits, write "RURAL")
(d) Street No. Saline Rd.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME EMMA SEYLER
3. (b) If veteran name was None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAY day 6
year 1945 hour 9 minute 30 P. M.
21. I hereby certify that I attended the deceased from 4/20
1945 to 5/6 1945
that I last saw her alive on 5/5 1945
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Paul Seyler
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased June 2 1864
(Month) (Day) (Year)

Immediate cause of death
Carcinomatosis
Due to Primary Biliary Carcinoma
Due to _____

8. AGE: Years Months Days If less than one day
80 11 4 hr. min.

Other conditions (include pregnancy within 3 months of death)
Major findings: None
Of operations _____
Of autopsy _____

9. Birthplace Barnes Ills.
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

11. Industry or business _____
12. Name Snyder
13. Birthplace Germany
(City, town or county) (State or foreign country)
14. Maiden name Lena Linkhmyer
15. Birthplace Germany
(City, town or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Paul Seyler
(b) Address Saline Rd. Fenton, Mo.
17. (a) Burial (b) Date thereof 5-8-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Louis H. Bopp Inc.
(b) Address Kirkwood, Mo.
19. (a) 5/7/45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 _____
23. Signature [Signature] (M. D. or other) _____
Address Fenton, Mo Date signed 5/7/45

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

Rev. 5-1-39 I X1931

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-13-45

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 Felix Durand
Licensed Embalmer No. 3034
P. O. Address Kirkwood 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, above space should be left blank.