No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1946

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39084

Registrar's No. 0500

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: Christian Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Dallas 941

(c) City or town Adel
(If outside city or town limits, write "RURAL")

(d) Street No. NR
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Dr. George N. Seidlitz

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. O

5. Color or race W.

6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife Florence Hess, Dec.

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

7. Birth date of deceased April (Month) 25 (Day) 1861 (Year)

8. AGE: Years 85 | Months 6 | Days 10 | If less than one day hr. min.

9. Birthplace Port Gibson, Miss. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Retired Physician

11. Industry or business

FATHER
12. Name Dr. Charles N. Seidlitz 4
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Measey
15. Birthplace England (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs. Don G. Allen

(b) Address Des Moines, Iowa

17. (a) cremation (Burial, cremation, or removal) (b) Date thereof 11-7-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Alexander Smith

(b) Address 6175 Delmar

19. (a) NOV 6 1946 (Date received local registrar) (b) J. F. Breideck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5 year 1946 hour 6: minute 20P. M.

21. I hereby certify that I attended the deceased from Oct. 26, 1946 to Nov. 5, 1946 that I last saw him alive on Nov. 5, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	4 days
Due to Senility	—
Due to Coronary Thrombosis	3 weeks
Other conditions (Include pregnancy within 3 months of death)	

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

23. Signature Leonard Malles (M. D. or other) M. D.

Address 819 Univ. Club Bldg. Date signed 11-6-46

A. C. Malles

(Licensed Embalmer's Statement on Reverse Side)

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 Jos E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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.