

42949

State File No. _____

FILED DEC 23 1946
 318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 10781

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Johns Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community LIFE 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. # 20 North Kingshighway
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JULIUS SEIDEL.
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Eugenia Anthony Seidel. 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased December 31 - 1866
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 11 14 hr. min.

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

10. Usual occupation President - Julius Seidel

11. Industry or business Lumber Company

12. Name Louis Seidel

13. Birthplace Germany
 (City, town, or county) (State or foreign country)

14. Maiden name Watkinson

15. Birthplace _____
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Eugenia Anthony Seidel

(b) Address # 20 North Kingshighway

17. (a) Burial (b) Date thereof 12/18/46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons,

(b) Address 7233 Delmar Blvd.,

19. (a) DEC 16 1946 (b) J. F. Braddock
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15
 year 1946 hour 11:20 minute P. M.

21. I hereby certify that I attended the deceased from Before
10, to 12-15-46, 19____;
 that I last saw him alive on 11-17-46, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 2 min.
Massive

Due to Generalized advanced
arteriosclerosis 1946 T.

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: None.
 Of operations None.
 Of autopsy None.

PHYSICIAN

 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No.

(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 Paul Hamilton (M. D. or other) 12-17-46

Address St. Louis 12. Mo Date signed _____

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

41730

Dr. J. Clark
864 Hamilton
CA 2354
1-4

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 Clarence A. Murray
Licensed Embalmer No. 4011
P. O. Address St. Louis, 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.