No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40168

FILED DEC 6 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10787

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 4255 Farlin Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 060
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4255 Farlin Ave. 9
(If rural, give location) 10 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emma Seidel
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edward J. Seidel
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased November (Month) 14 (Day) 1873 (Year)

8. AGE: Years 74 Months 0 Days 8 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country) Germany 4
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name William Wolf
13. Birthplace (City, town, or county) (State or foreign country) Germany 4

MOTHER
14. Maiden name Marie Kaechlin
15. Birthplace (City, town, or county) (State or foreign country) Germany 4

16. (a) Informant Edward J. Seidel
(b) Address 4255 Farlin Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/25/47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge
19. (a) NOV 24 1947 (Date received by registrar) (b) J. F. Breeden (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 22 year 1947 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from Nov. 1, 1947, to Nov. 22, 1947; that I last saw her alive on Nov. 7, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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 C. G. Vournas (M. D. or other)
Address 5399 Gravois Date signed 11-24-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) C.G.Vournas

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

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. 4366

P. O. Address Hayes, 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.