S. No. 2
1—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38870

FILED DEC 4 1948

Registration District No. 3/7

Primary Registration District No. 6076 3063

Registrar's No. 2516

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: ~~Creve Couer~~ Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Louis Co Hosp.
Route #1
(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: 67 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Creve Couer
(If outside city or town limits, write "RURAL")
(d) Street No.: Route #1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Edward Seiler
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: Widowed
6. (b) Name of husband or wife: Ida
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: November 14, 1880 (Month) (Day) (Year)

8. AGE: Years 66 | Months 11 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace: Creve Couer, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Gardner
11. Industry or business .....

MOTHER FATHER
12. Name: Severin Seiler
13. Birthplace: Germany (City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Laura Zimmer
(b) Address: 27 Midpark Lane, Ladue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/1/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Elm Lawn Cemetery
18. (a) Signature of funeral director: Louis H. Bopp, Inc.
(b) Address: 131 W. Argonne Dr. Kinloswood
19. (a) 11-1-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 29
year 1948 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....;
DIED WITHOUT MEDICAL ATTENDANCE
that I last saw h..... alive on ..... 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Cause unknown	
Due to	
Due to 200	
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: [signature] M.D. (Coroner)
Commissioner of Health
Address ..... Date signed 10-30-48

Jefferson City Printing Co.

(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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 22, 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.