

BIRTH NO. REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2068

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BRKS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2249	
c. LENGTH OF STAY (In this place) 80 days		d. STREET ADDRESS (If rural, give location) 24 1071A UTAH ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) ALFONSE b. (Middle) B. c. (Last) SEIL			4. DATE OF DEATH (Month) (Day) (Year) AUGUST 28, 1950		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH 8-7-96		9. AGE (In years last birthday) 54		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA		10b. KIND OF BUSINESS OR INDUSTRY HEATING	

13a. FATHER'S NAME ALFRED SEIL		13b. MOTHER'S MAIDEN NAME JOSEPHINE HOENTGES		14. NAME OF HUSBAND OR WIFE ALBERTA	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. 543-22-2199		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA				
		ANTECEDENT CAUSES DUE TO (b) CHRONIC GLOMERULAR NEPHRITIS				
		DUE TO (c) HYPERTENSIVE CARDIO VASCULAR DISEASE				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			443X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June 9, 1950, to August 28, 1950, that I last saw the deceased on August 28, 1950, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE L. E. STEWELL, M.D. (degree or title)		23b. ADDRESS VAH, JEFFERSON BARRACKS, MO.		23c. DATE SIGNED 8-29-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 8/31/50		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Bks, Mo.	
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DATE REC'D BY LOCAL REG. 8-29-50		REGISTRAR'S SIGNATURE Herbert R. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. ZIEGENHEIN & SONS 7027 GRAVOIS ST. ST. LOUIS, MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Certificate 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*W. G. Peterson*

Signed.....

Student Embalmer

Licensed Embalmer No. 3767

P. O. Address 7027 Hawaii

**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.