

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

35449

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 791
Primary Registration District No. 1002
(No. 1336² Chouteau Ave)

File No.....
Registered No. 10195
St. Ward)

2. FULL NAME Marion A Seel

(a) Residence. No. 1336² Chouteau St., 22 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Malinda Seel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 27-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 11 18

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Common Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER James Seel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Julia Corsett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

14. INFORMANT Mrs Malinda Seel
(Address) 1336² Chouteau

15. FILED OCT 17 1929 Max C. Farlow REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 15 1929

17. I HEREBY CERTIFY, That I attended deceased from 10/15/29 to 10/15/29, 1929, and that I last saw him alive on 10/15, 1929, and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

acute Labor Pneumonia
(Right Lower) 16

(duration) yrs. mos. ds.

CONTRIBUTORY chronic myocarditis
(SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Bonne Terre
IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Geo. J. Melan M. D.

10/17, 1929 (Address) 1006 So Jefferson

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bonne Terre Mo DATE OF BURIAL 10/18 1929

20. UNDERTAKER N.A. Stock and Co ADDRESS 2117 E. Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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