

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

32586

1. PLACE OF DEATH

County..... Registration District No. 827 File No.
 Township..... Primary Registration District No. 1000 Registered No. 9307
 City St. Louis Mo 912 La Baum St. Ward)

2. FULL NAME Michael Sei

(a) Residence. No. 912 La Baum St. 5 Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 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)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 8 1920

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
2 7 4

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

9. BIRTHPLACE (CITY OR TOWN) St Louis Mo
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Joe Sei

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

12. MAIDEN NAME OF MOTHER Anna Eshuk

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

14. INFORMANT Michael Lasek
 (Address) 1570 Biddle

15. NOV 12 1922 FILED Mabel Starckoff
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 11 1922

17. I HEREBY CERTIFY, That I attended deceased from Nov 10/22 to Nov 11/22
 that I last saw h. alive on Nov 10/22, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
115A Convulsions
86

CONTRIBUTORY (SECONDARY) Toxemia (duration) yrs. mos. 1 da.
non dysenteric (duration) yrs. mos. 3 da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Theo. Conpluent, M. D.
 (Address) 5043 Vernon

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Hope DATE OF BURIAL Nov 12 1922

20. UNDERTAKER Central P. Co. ADDRESS 1504 E. ...

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.

