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.

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

Do not use this space.

11380

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 2908

City St. Louis Mo (No. ..... City Hospital St. ..... Ward)

2. FULL NAME George Seith

(a) Residence. No. 1303a Carroll St., 23 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Clara Seith

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 6 1893

7. AGE: Years 34 | Months 6 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS

10. NAME OF FATHER: John Seith
11. BIRTHPLACE OF FATHER (CITY OR TOWN): St. Louis
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Lena Sanders
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): St. Louis
(STATE OR COUNTRY): Mo

14. INFORMANT: Clara Seith
(Address): 1303 Carroll St.

15. FILED MAR 14 1928 Max C. Starkloff REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 12 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 9:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
131
93c (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Chronic Interstitial Nephritis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 1290
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. W. Kerner ~~M.D.~~
3/13/28 (Address) Dept Coroner

*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: Sunset Burial Park
DATE OF BURIAL: Mar 15 1928

20. UNDERTAKER: Wm J. Robert
ADDRESS: 1905 S Grand Blvd