WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

14885

791
1003

File No. 3788

1. PLACE OF DEATH

County ..... Registration District No. ..... Registered No. .....

Township ..... Primary Registration District No. .....

City St. Louis, (No. Jewish Hospital St. ..... Ward)

2. FULL NAME Josephine Seelar

(a) Residence. No. #4583 Clarence Ave. (If nonresident give city or town and State)
(Usual place of abode)

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. F. Seelar

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 9th 1870.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	57.	11.	24.	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(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) Pennsylvania

PARENTS

10. NAME OF FATHER John Reed

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

12. MAIDEN NAME OF MOTHER Margaret Ann McCullough

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

14. INFORMANT L. F. Seelar
(Address) #4583 Clarence Ave.

15. FILED APR 5 1928 May C. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 3, 1928

17. I HEREBY CERTIFY, That I attended deceased from March 26, 1928, to April 3, 1928, that I last saw him alive on April 3, 1928, and that death occurred, on the date stated above, at 3 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia right upper lobe
[redacted] Lung Lipse.
4 Septicemic staphylococ
(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Toxemia, Pericarditis
Acute myocarditis
(duration) ..... yrs. ..... mos. 2 ds.

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

DID AN OPERATION PRECEDE DEATH? none DATE OF .....

WAS THERE AN AUTOPSY? none culture

WHAT TEST CONFIRMED DIAGNOSIS? X ray picture

(Signed) Dr. Herman G. Rinsfeld M.D.

4-4-1928 (Address) 601 Medical Bldg.

*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 Port Royal, Pa. DATE OF BURIAL 4-5, 1928.

20. UNDERTAKER D. R. Lupton ADDRESS [illegible] Street #4449

Berg.

Dr Herman Rosenfeld -
Metropolitan Bldg -
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