

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... (No. 3665 McDonald)

Registration District No. 791
Primary Registration District No. 1003

File No. 28751
Registered No. 8214
St. _____ Ward _____

2. FULL NAME

Phillip S. Seim

(a) Residence. No. 3665 McDonald St. 16 Ward.

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. (If nonresident give city or town and State)

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 Emma Seim

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27-1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 | — | 15 | — | —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer _____

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

10. NAME OF FATHER Charles H. Seim

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

12. MAIDEN NAME OF MOTHER Elizabeth Gipp

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

14. INFORMANT Mrs Emma Seim
(Address) 3665 McDonald

15. FILED Aug 13 1928 My C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 11 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1928, to Aug 11, 1928, that I last saw him alive on Aug 11, 1928, and that death occurred, on the date stated above, at 7:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
apoplexy
5:129a (duration) yrs. mos. 4 ds.
CONTRIBUTORY Chronic Inter Nephritis
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. _____

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) O. P. Upshaw, M. D.

Aug 11, 19 (Address) 3115 So Grand

*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 DATE OF BURIAL Aug 13 1928

20. UNDERTAKER Kauch & Schmitt ADDRESS 3732 S Grand

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.

