

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

Do not use this space.

32287

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **5209**) **Parkman Pl.** St. Ward

File No.....
 Registered No. **9601**
 St. Ward

2. FULL NAME

Martha Seyfried
 (a) Residence. No. **5209 Parkman Pl.** St. **6** Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Roman Seyfried
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 10, 1869
7. AGE
 YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 **10** **17**

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **Housewife**
 (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) Jefferson City Missouri

10. NAME OF FATHER Unknown Scherr
11. BIRTHPLACE OF FATHER (CITY OR TOWN, STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN, STATE OR COUNTRY) Unknown

14. INFORMANT Roman Seyfried
 (Address) 1145 Estelle Av.

15. FILED SEP 28 1928
 Max C. Starnett REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 27 1928
17. I HEREBY CERTIFY That I attended deceased from **Sept. 27, 1928**, to **Sept. 27, 1928** that I last saw him alive on **Sept. 25, 1928**, and that death occurred, on the date stated above, at **5 p.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
Apoplexy **HTA**
2 hours (duration) yrs. mos. da.
Hypertension (SECONDARY)
 ? (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRAICTED
 IF NOT AT PLACE OF DEATH
 DID IN OPERATION, PRECEDE DEATH, DATE OF
 WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) **Howard A. Puck**, M. D.
 , 19 (Address) **3726 Worthington**

*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 Memorial Park Cem.
20. UNDERTAKER Witt Bros. & U. Co 2929 S. Jeff.
DATE OF BURIAL 10-1 1928
ADDRESS

WHITE PAPER, 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.

Dr. Howard A. Puck

