Seabaugh
Wash. Ga.

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

Do not use this space.

22861

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 6277

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

2. FULL NAME Unice. Jane. Marvin.

(a) Residence. No. Kirkwood. Mo. St., 18 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: Female.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May. 15. 1929

7. AGE: Years | Months | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(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) Missouri.

PARENTS

10. NAME OF FATHER Ohmer. Marvin.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri.
12. MAIDEN NAME OF MOTHER Emma. Hayhurst.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri.

14. INFORMANT Ohmer. Marvin.
(Address) Kirkwood. Mo.

15. FILED JUN 11 1929 Max C. Starkloff REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June. 10, 1929 19

17. I HEREBY CERTIFY, That I attended deceased from May 26, 1929, to June 10, 1929, that I last saw her alive on June 10, 1929, and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Congenital closure of Esophagus with Esophageal pouch.
15 D
15 P
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Munition & Starvation
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Kirkwood Mo.
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Barium Meal
(Signed) Otto D. Seabaugh, M. D
June 11, 1929 (Address) Nixon & Lockwood. Webster Groves

*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. Cemetery.
DATE OF BURIAL: June. 12. 1929

20. UNDERTAKER: Louis. H. Bopp.
ADDRESS: Kirkwood. Mo.

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.