

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

Do not use this space.

38707

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 7003
 City St. Louis No. City Hospital

File No.
 Registered No. 11125
 St. Ward)

2. FULL NAME

Mike Seper
 (a) Residence. No. 4019 Clayton 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 24 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 Mary Seper

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 16 - 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 9 28

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Laborer
 (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) Austria

10. NAME OF FATHER Thomas Seper

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

12. MAIDEN NAME OF MOTHER Rosa Imkauer

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

14. Hospital information INFORMANT E. Seper (Address) City Hosp.

15. FILED 19 1929 Ray C. Parke REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 13th 1929

17. I HEREBY CERTIFY, That I attended deceased from 11/6, 1929, to 11/13, 1929 that I last saw h. em alive on 11/13, 1929, and that death occurred, on the date stated above, at 3.00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia (6 days)
in Gale Sorsalis
121 (duration) (?) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 72 (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? (Signed) R. Berg, M. D.

8/13, 1929 (Address) City Hospital

*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 St. Peter & Paul DATE OF BURIAL 11-18 1929

20. UNDERTAKER Kriegshauer Truck & Manufacturing Co ADDRESS 4104

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.

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