

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.

APR 30 1930

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

Do not use this space.

10111

1. PLACE OF DEATH

County St. Louis  
Township Central  
City Wells Ave (No. 6419)

Registration District No. 789  
Primary Registration District No. 6033 B

File No. \_\_\_\_\_  
Registered No. 80  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Helen Seegers  
(a) Residence, No. 6419 Wells Ave St. \_\_\_\_\_ 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) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theodore Seegers

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 16 1841  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
88 4 32 27

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) Germany

10. NAME OF FATHER Don't know  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know  
12. MAIDEN NAME OF MOTHER Don't know  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Mr. Theodore O. Seegers  
(Address) 6419 Wells Ave

15. FILED 3/11 1930 Golla Bracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 8 1930  
17. I HEREBY CERTIFY, That I attended deceased from March 15, 1929, to March 8, 1930 that I last saw her alive on Mar 7, 1930 and that death occurred, on the date stated above, at 9:20 A.M.

59 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
106th diabetes mellitus  
Acute Bronchitis (duration one yrs. mos. ds.)  
CONTRIBUTORY (SECONDARY) Acute Bronchitis (duration) yrs. mos. 14 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? Clinical  
(Signed) Julius R. Menou M. D.  
3/10 1930 (Address) 5330 Geraldine

\*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 Calvary Cem. DATE OF BURIAL 3-11 1930

20. UNDERTAKER Geo. L. Plitch ADDRESS 5966 Easton

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5330 Geraldine Ave.

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