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

Do not use this space.

7151

File No. 1452

Registered No.

**1. PLACE OF DEATH**

County

Township

City St. Louis. (No. 3248a Delor Street. St. Ward)

Registration District No. 791 1023

Primary Registration District No.

**2. FULL NAME** Jacob Seifart.

(a) Residence. No. 3248 Delor Street. St., 15 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Widowed. |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 4, 1851.

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 79 | 6 | -- | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter. 27
(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

PARENTS
10. NAME OF FATHER Nickolaus Seifart.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany.
12. MAIDEN NAME OF MOTHER Anna Leist.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany.

14. INFORMANT Marie Apel
(Address) 3248a Delor Street.

15. FILED ..... 19 ..... REGISTRAR

**3. MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 4 1931.

17. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1931 to Feb. 4, 1931, that I last saw him alive on Feb. 3, 1931, and that death occurred, on the date stated above, at 3 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cut. Abscess
106B
97
1.67 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pulmonary Tuberculosis
non Tuberculosis (duration) 16 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 106B
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Adam B. Wm, M. D.
3/4, 1931 (Address) Rosecrans

*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 | DATE OF BURIAL |
|---|---|
| SS. Peter & Paul Cemetery. | Feb. 7, 1931. |
| **20. UNDERTAKER** | **ADDRESS** |
| J. Gebken L. & Co. | 4 Meramec St. |

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.