

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

Do not use this space.

16012

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City.....

No. **De Paul Hospital**

File No.....

4486

Registered No.....

St..... Ward)

2. FULL NAME

Jennie Seitz

(a) Residence. No. **3830 1/2 Landon Ave** St., **11** 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)

Married

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

Charles Seitz

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

Dec. 16, 1895

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

35

3

25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife 2

(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

10. NAME OF FATHER

George J. Bailey

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

Ohio

12. MAIDEN NAME OF MOTHER

Mollie Horn

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

Missouri

14. INFORMANT

Charles Seitz
(Address) *3830 1/2 Landon Ave*

15. FILED

APR 13 1931

W. C. Starnes
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

April 11, 1931

17.

I HEREBY CERTIFY, That I attended deceased from *March 28*, 19*31*, to *April 11*, 19*31*, that I last saw her alive on *April 11*, 19*31*, and that death occurred, on the date stated above, at *7:50 P.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Peritonitis
12 1/4
12 9

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Bacteremia appendicitis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

3830 1/2 Landon Ave

DID AN OPERATION PRECEDE DEATH?

yes DATE OF *4/1/31*

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS?

Micro

(Signed) *Arthur S. Swisher, M. D.*

4/13/1931 (Address) *222 Brunswick*

*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 Cemetery

DATE OF BURIAL

Apr. 14, 1931

20. UNDERTAKER

Goodhart & Goodhart

ADDRESS

St. Louis ave

WRITE PLAINLY, 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.

Arthur Sunclack