

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City St. Louis (No. 4983 - Nagel Ave) St. Ward

File No. **16537**  
 Registered No. **5059**

**2. FULL NAME**

(a) Residence No. 4983 - Nagel Ave St. 2 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 <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Katherine Seufert</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Apr 23, 1866</u>					
7. AGE	YEARS <u>65</u>	MONTHS <u>0</u>	DAYS <u>4</u>	IF LESS than 1 day, ..... hrs. or ..... min.	
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>Retired 10 yrs</u>					
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Saloon Keeper</u>					
(c) Name of employer					
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> <sup>10</sup>					
PARENTS	10. NAME OF FATHER <u>Benhard Seufert</u>				
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>				
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>				
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>				

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 27 1931  
 17. No Physician in Attendance  
 I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at ..... 9:30 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Myocarditis  
93c (duration) ..... yrs. .... mos. .... ds.  
 CONTRIBUTORY (SECONDARY) 93c (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) J. W. Ferner, M.D.  
478, 1931 (Address) Dep. Coroner  
 \*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.

14. INFORMANT (Address) <u>Katherine Seufert</u> <u>4983 - Nagel Ave</u>	19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>New St. Marcus</u>	DATE OF BURIAL <u>Apr 30 1931</u>
15. FILED <u>Max C. Starkey</u> REGISTRAR	20. UNDERTAKER <u>Wacker-Helderle</u>	ADDRESS <u>2331-5 Blum</u>

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

