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

Do not use this space.

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 1123 — File No. 30302

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 317

City Jefferson Barracks, Mo. (No. U.S.V.A. Hospital Jefferson Barracks St. Mo. Ward)

2. FULL NAME Frank Seever

(a) Residence, No. 3003 Abner Place., St. Louis St., Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred un yrs. kn mos. own. 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 Mrs. Edna I. Seever

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18, 1891

7. AGE: Years 40 — Months 10 — Days 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Building Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 27

10. Date deceased last worked at this occupation (month and year) Unknown.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Unavailable. (STATE OR COUNTRY) Missouri.

FATHER

13. NAME Unavailable.

14. BIRTHPLACE (CITY OR TOWN) Unavailable. (STATE OR COUNTRY) Unavailable. 31

MOTHER

15. MAIDEN NAME Unavailable.

16. BIRTHPLACE (CITY OR TOWN) Unavailable. (STATE OR COUNTRY) Unavailable.

17. INFORMANT C.H. Smith. Clinical Director. (ADDRESS) U.S.V.A. Hospital, Jefferson Brks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem. DATE Sept 24 1932

19. UNDERTAKER Arthmann & Harral (ADDRESS) 1905 Union

20. FILED Sept. 22 1932 L. C. Abbott M.D. Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 22, 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from September 13, 1932, to September 22, 1932

I last saw him alive on September 22, 1932. Death is said to have occurred on the date stated above, at 11:45 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia.	
108	
93C	
110R	

Other contributory causes of importance:

Empyema right and Chr. Myocarditis.

Name of operation ..... Date of

What test confirmed diagnosis? Physical, X-Ray & Laboratory findings. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. C. Gibson, M.D.

(Address) Medical Officer In Chg, U.S. Veterans Administration Hospital, Jefferson Brks, Mo.

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.

OCT 29 1932