

**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.

Township

Primary Registration District No.

City

St. Louis City Hospital
H. 19316
Frank Seddo

791
1003

File No.

42582

Registered No.

11725

St. Ward)

2. FULL NAME

(a) Residence, No. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *5* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 12 - 1867*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>65</i>	<i>1</i>	<i>9</i>	

8. Trade, profession, or particular kind of work done, as pianer, sawyer, bookkeeper, etc. *laborer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *237*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation *10*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

13. NAME *Frank Seddo*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Louise (unkn)*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT (ADDRESS) *Hospital information City of St. Louis*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington* DATE *12-28-1937*

19. UNDERTAKER (ADDRESS) *Walter Richter 3500 Rutledge*

20. FILED *DEC 31 1937* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 21st 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Nov. 21st 32* to *Dec. 21st 32*, 19*32*
I last saw him alive on *Dec. 21st 1932* Death is said to have occurred on the date stated above, at *4:05 P.M.*

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

Bronchopneumonia
131
939
1077
12/10
Other contributory causes of importance:
Chr myocarditis
Chr nephritis

Name of operation *None* Date of
What test confirmed diagnosis *chest* 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. M. Macintosh* M. D.
(Address) *City Hospital*

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.

