

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

Do not use this space.

11687

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1005  
City St. Louis (No. Seapress Hospital) St. \_\_\_\_\_ Ward) \_\_\_\_\_  
Registered No. 2765

**2. FULL NAME**

(a) Residence, No. 1517 Palm St. St. \_\_\_\_\_ 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>David Bauer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 30 1851</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>11</u>
	DAYS <u>21</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>St. Louis</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
FATHER	13. NAME <u>Benny Seil</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Unknown</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	17. INFORMANT (ADDRESS) <u>Mrs. Fred. Dadock</u> <u>1517 Palm St.</u>	
18. BURIAL, CREMATION OR REMOVAL PLACE <u>St. Veters</u> DATE <u>Mar. 24 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Seidenwiden Funeral Home</u> <u>1936 St. Louis Ave</u>		
20. FILED <u>MAR 23 1933</u> <u>Max C. Starker</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1933, to Mar 21, 1933  
I last saw him alive on March 21, 1933. Death is said to have occurred on the date stated above, at 9:50 a.m.

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

46C Date of onset

Carcinoma of Cecum

Other contributory causes of importance: 46C

Name of operation 9 Date of 9

What test confirmed diagnosis? X-ray 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 9

Nature of injury 9

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) A. J. McBruegh M. D.

(Address) 3624 40th St

St. Louis 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.

RECORD

