

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

Do not use this space.

21067

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 1170
 7 Townshp Central Primary Registration District No. 6248 N
 7 City Richmond Heights (No. St. Mary Hospital) St. _____ Ward _____

2. FULL NAME John E. Seiffert
 (a) Residence No. 5452 Maple 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

File No. _____
 Registered No. 112
 St. _____ Ward _____

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>May E. Seiffert</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 1894</u>		
7. AGE YEARS <u>39</u>	MONTHS <u>-</u>	DAYS <u>-</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>Warehouse</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Employee</u>	
	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>Ill.</u>		
MOTHER	13. NAME <u>Gen F Seiffert</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
	15. MAIDEN NAME <u>Unknown</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>		
17. INFORMANT <u>May E. Seiffert</u> (ADDRESS) <u>5452 Maple St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>June 8</u> , 19 <u>33</u>		
19. UNDERTAKER <u>Arthur J. Johnson & Co.</u> (ADDRESS) <u>3840 Belmont St</u>		
20. FILED <u>June 8</u> , 19 <u>33</u> <u>Robert J. Ambrose</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6th, 1933

22. I HEREBY CERTIFY that I attended deceased from June 2nd 1933 to June 6th, 1933
 I last saw him alive on June 6th, 1933 Death is said to have occurred on the date stated above, at 10:30 A.M.
 The principal cause of death and related causes of importance were as follows:

General Peritonitis	6/1/33
12/1/33	
12/1/33	
12/1/33	
Ruptured Appendicitis	6/1/33

Date of onset

Other contributory causes of importance:
Appendectomy drainage
 Name of operation Appendectomy drainage Date of 6/2/33
 What test confirmed diagnosis autopsy Was there an autopsy? yes

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? No
 If so, specify _____
 (Signed) J. Gallagher, M. D.
 (Address) 302-3037 Wall Bldg

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.

JUN 21 1933

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RECORD THIS IS A PERMANENT RECORD

