

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
City St. Louis (No. 1)

Registration District No. 738
Primary Registration District No. 3961

File No. 24123
Registered No. 24123
St. 1 Ward 1

2. FULL NAME

(a) Residence, No. 1 Belk Elizabeth Seemmer
(Usual place of abode) New Bernmoss Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-2-1932</u>		
7. AGE	YEARS	MONTHS
	<u>1</u>	<u>5</u>
		<u>8</u>
If LESS than 1 day, hrs. min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) MO
(STATE OR COUNTRY)

FATHER 13. NAME Joe Seemmer
14. BIRTHPLACE (CITY OR TOWN) MO
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Melvin Seemmer
16. BIRTHPLACE (CITY OR TOWN) MO
(STATE OR COUNTRY)

17. INFORMANT Mrs Joe Griggsby
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hydesburg Cem DATE 7-9 19 33

19. UNDERTAKER Geo E Roberts
(ADDRESS) Lawrence

20. FILED 7-10 19 33 Marvin Short
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 19 33
22. I HEREBY CERTIFY, That I attended deceased from July 4 19 33 to July 6 19 33
I last saw her alive on July 6 19 33 Death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

Diarrhea & Enteritis Date of onset July 1
1193 119
Other contributory causes of importance: none

Name of operation 4 Date of 4
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) PJ Reichmann M. D.
(Address) Oakwood MO

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Handwritten text, possibly a date or a short phrase, located in the lower-middle section.

Handwritten text, possibly a name or a short phrase, located in the lower-middle section.

Handwritten notes or a signature, located in the lower-right corner of the page.