WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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 20 1933

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

Do not use this space.

31063

1. PLACE OF DEATH

County ..... Registration District No. 781 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 7745

City St Louis Mo (No. City Hospt. ..... St. ..... Ward)

2. FULL NAME SAMUEL SEI

(a) Residence, No. 912 LA BEAUME 26 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: MALE
4. COLOR OR RACE: W.
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) Feb 17, 1916

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
17	17	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. News - ~~[illegible]~~ 210 F
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 210 N
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 103 B

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.

FATHER

13. NAME Wm Sei
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER

15. MAIDEN NAME Anna Tokcja
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT (ADDRESS) Mrs. Wm. Sei 912 La Beaume

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Hope DATE Sept 8, 1933

19. UNDERTAKER (ADDRESS) Central Und Co. [illegible]

20. FILED ....., 19.... J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

Not by Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on 305, 19..... Death is said to have occurred on the date stated above, at ..... m. GM.

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

Fracture of Humerus & Ulna - Laceration of Spleen & Kidney, Haemorrhage - received when he fell to flr. of Ulen. Truck driven by Jae Scimo when same was side swiped by Ford

Date of onset

Other contributory causes of importance:

Truck, driven by A. H. Seion on Rt. 13 about 1 1/2 miles out of Sparta, Ill about 9:30 pm. 9/4/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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 9-4-, 1933.

Where did injury occur? Public Highway - near Sparta, Ill (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Highway Route 13

Manner of injury Criminal or accidental could not

Nature of injury be ascertained

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

If so, specify .....

(Signed) [illegible] M. D.

(Address) Deputy Coroner

9/5/33