

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

Do not use this space.

31333

File No. _____
Registered No. **8040**
St. _____ Ward)

1. PLACE OF DEATH

County _____ Registration District No. **701**
Township _____ Primary Registration District No. **7003**
City **St. Louis Mo. DeLoe Hospital**

2. FULL NAME

(a) Residence, No. **4337 Maryland St. 19** 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 **M** 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) **May 13, 1903**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
30 4 2

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **113**

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. **108 121**

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

13. NAME **Edw W Gettier**

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

15. MAIDEN NAME **Effie M Seeger**

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

17. INFORMANT **Effie M Seeger**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Champaign Ill** DATE **9-16-33**

19. UNDERTAKER (ADDRESS) **J J Seegenbein & Sons 717 Gray Ave St L 13 1936**

20. FILED **Q J Bush etc** Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 15, 1933**

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

I last saw h_____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at **4:30 A.M.**

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

Alcohol Poisoning, self administered at the Catholic W.oman's Assn. 4337 Maryland about Sept 11, 1933.

Other contributory causes of importance: **Suicide, Lobor Pneumonia, massive right lung - Interstitial nephritis.**

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? **Suicide** Date of injury **9-11, 1933**

Where did injury occur? **City** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **Catholic W.oman's Assn 4337 Maryland**

Manner of injury **Alcohol Poisoning**
Nature of injury **Suicide**

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) **John J Seeger** M.D.
(Address) **Deputy Coroner**

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.

